













Derrity Certify, as I am informed, that on the Minteenth day of May A. D. 1852 Cora H. Clifford died, aged years, 9 months, 10 days, in at No. aged years, 9 months, 1 days, in at No.

Street. Said person was a and, by occupation, a was born in Shellew and was the Daughter of George & Arrabella blifford. interred, or to be interred, in

DATED, at Winthrop the 20 day of January A. D. 1853



I Wereling Certify, as I am informed, that on the This Least the day of aged & years, & months, & days, in Thinker of at No. was born in A the Bear and was the Clary to of hillips i'x lasty fire Lainy. "ever The disease, or cause of death, was interred, or to be interred, in



I Develop Certify, as I am informed, that on the Jean the day of aged 76 years, 2 months, days, in Ministrus at No.

Winthing Street. Said person was a finite in and, by occupation, a Farmerwas born in Ablasses and was the Heisteandof Susannach South bury The disease, or cause of death, was the disease, or cause of death, was interred, or to be interred, in Win thrope

DATED, at Minthrop the sweetelt day of fand A. D. 1854



I Bereliy Certify, as I am informed, that on the Shind day of aged 2. years, 5 months, days, in Min thin at No.

This lay Street. Said person was a fine in of former 2. Hung Bryant The disease, or cause of death, was The fray on the Brain interred, or to be interred, in

DATED, at Win throp the southeth day of Jan. A. D. 1854



I Derely Certify, as I am informed, that on the in your your the day of aged , years, I months, days, in Ainthurft at No.

Street. Said person was x frish and, by occupation, a

was born in A. D. 1834

Was born in A. Chelsea and was the Paryular of June S. Hary bernuick. The disease, or cause of death, was . Mineral Listinfur interred, or to be interred, in Annoth Boslen. DATED, at Windhiefe the 27 day of Lie A.D. 1854



I Werely Certify, as I am informed, that on the day of aged y years, y months, y days, in Hill Hilly at No.

Him the street. Said person was a and, by occupation, a

was born in the true and was the Source of Sugar the Sain Believe The disease, or cause of death, was y the Heart flow flow for the interred, or to be interred, in the office for the Stey of Informant.

DATED, at Min the the day of day of A. D. 1854



I Merrily Certify, as I am informed, that on the day of aged 87 years, 2 months, days, in thin the street. Said person was the line of and, by occupation, a street. was born in the land and was the Thus hard of if and the thing t The disease, or cause of death, was DATED, at Winth of the 27. day of Dec A. D. 1854



F A DEA I Wereling Certifiq, as I am informed, that on the aged 3 years, months, I days, in him hands at No. Shirtley Street. Said person was a and, by occupation, a was born in Alle hea and was the Day Alford Said Said Street. The disease, or cause of death, was interred, or to be interred, in the start to the start t



J Terring Certify, as I am informed, that on the second right day of died,

uged years, 3 months, days, in Mindle of at No.

Was born in Menthrop and was the of Software in sum in the second result. DATED, at Mindfully day of Co. A. D. 1854



I Werely Certify, as I am informed, that on the

day of

A. D. 18 30.

died.

aged years, months,

days, in the fact No.

was born in and was the of Marker of

The disease, or cause of death, was interred, or to be interred, in

John Hoyd Informant.

DATED, at / the fire day of A. D. 18,/



3. Werely Certify, as I am informed, that on the their Trisk day of

. 1. T., A. D. 1860 Harmon & died,

ged years, / months, days, in

at No. /

Mercet. Said person was a . The and, by occupation, a was born in and was the of

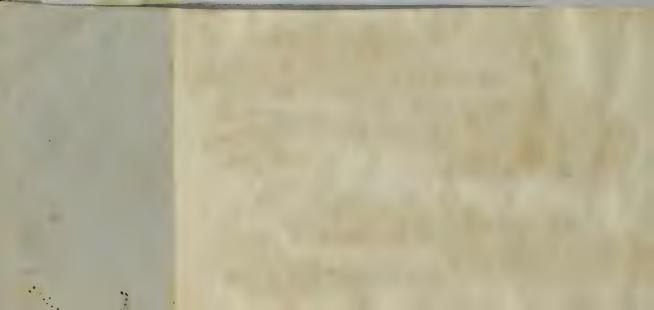
The disease, or cause of death, was

interred, or to be interred, in

DATED, at the day of A. D. 18.



March A. D. 1861 Unique of the died, ged Je years, months, days, in at No. as born in field and was the Wife of Green Smensweek The disease, or cause of death, was
d, or to be interred, in iterred, or to be interred, in DATED, at The character the day of Tree A. D. 18, 12.



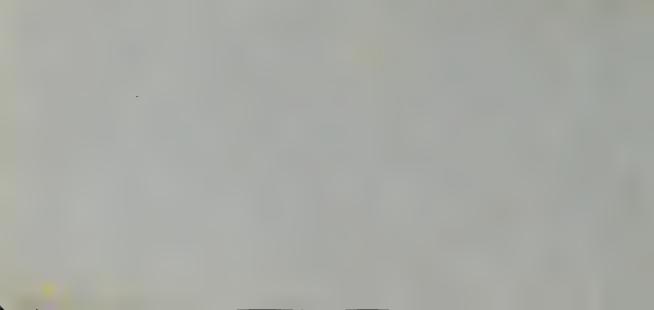
A. D. 18 / / c. i at a died,

ged 24 years, months, days, in at No.

Street. Said person was a and, by occupation, a as born in a line to the died, died, of died, died, and was the line of died, die The disease, or cause of death, was

terred, or to be interred, in

DATED, at Her. They's the day of Feb. A. D. 1862



I Derrhy Certify, as I am informed, that on the day of ed 32 years, months, days, in died. at No. Street. Said person was a and, by occupation, a and born in continuous and was the control of A Mary Taff The disease, or cause of death, was Commented the fine decided terred, or to be interred, in

DATED, at Ministration the day of A. D. 1812



I Dereby Certify, as I am informed, that on the day of died, sed // years, /o months, / days, in at No.

Street. Said person was a and, by occupation, a as born in itematically and was the energial of the same and itematically and was the energial of the same and itematically and was the energial of the same and The disease, or cause of death, was ed, or to be interred, in

DATED, at Analysis for the day of A. D. 18 5 iterred, or to be interred, in



I Werely Certify, as I am informed, that on the day of . Jumilier A. D. 1861 etala Chiangen died. jed years, // months, // days, in at No. Street. Said person was a and, by occupation, a as born in which the and was the angle to of the court of the The disease, or cause of death, was turned death, terred, or to be interred, in DATED, at Handley the day of A. D. 18 %



I Werehy Certify, as I am informed,	
d years, months, days	died,
d years, months, days	, in a consider at No.
born in Street. Said person was a and was the	and, by occupation, a of Accessed Accessed Accessed
The disease, or cause of death, was	,
DATED, at Manufic the	day of Mile A. D. 1892



I Wereby (Certify, as I am inform	ned, that on the	Eliven	the day of
March	A. D. 1862	estiny.	Myman	· died,
ed 77 years,	e months,	days, in	1	at No.
s born in Bo	Street. Said person wa	sa Mife of	and, by occupation	yrecare
The disease, o	or cause of death, was	вотост	Whom	
erred, or to be inte	erred, in "/Via	throp Con	retery of	Informant.
DATED, at	Wenthrop the	day of	fån A. D.	1863



Hay A. D. 1862 Jeans,	Eleventh day of
May A. D. 1862 joshua	I Tenksbung died,
Street. Said person was a Street and was the fore of	at No. and, by occupation, a Charles & Sancy Scroksbury
The disease or cause of death was family	47
DATED, at Menthing the 12 formed day of	Fan A. D. 1868



Hay A. D. 1862 Areilla Mageo

ed 4 years, // months, 9 days, in at No. day of Street. Said person was a and, by occupation, a and so born in Whithrop and was the Laughton of Eaward & Caroline May se The disease, or cause of death, was Scarlof Fiver terred, or to be interred, in Win / firefu Counciling John DATED, at Win / firefu the 10 day of fame. A. D. 1863



Merely Certify, as I am informed, that on the Twenty third day of

May A. D. 1862 folia Williams Towks bury died,

jed years, months, 2 days, in at No.

Street. Said person was a and, by occupation, a

as born in Winthrop and was the Son of Charles & Sancy Sawks bury terred, or to be interred, in Winthirth Come tong the DATED, at Wenthirth the Is I day of fan A. D. 1853



3 Werrely Certify, as I am informed, that on the	day die	
July A. D. 1862 William If She years, 10 months, days, in	at No.	
Street. Said person was a and, s born in & M. Chetzen and was the Serve of &	by occupation, a	,1
The disease, or cause of death, was Consum file terred, or to be interred, in Winthrop Consum file foliate forms for the DATED, at Winthrop the day of fam	A. D. 18 3	nt.



Derety Certify, as I am informed, that on the Swan by theird And Jo years, months, days, in at No. day of died, s born in Said person was a and, by occupation, a of Efficiences on The disease, or cause of death, was Consum thing the folia formation of the Dated, at Winthings the Joy of June A. D. 1853



3 Derrhy Certify, as I am informed, that on the Swenty first day of Metoter A. D. 1862 Muchal Bacelon died. s born in Winttings and was the Laughton of Suph & Machal Belther The disease, or cause of death, was suggested set of Paviets sis erred, or to be interred, in "Hinthrop's Connections.

DATED, at Wendlings the 10 day of Jan A. D. 1803



day of died. s born in Boston and was the Hipe of fames con festing The disease, or cause of death, was freed, or to be interred, in Mount of the Conclusion Informant.

DATED, at Windhorf the 19 day of January A. D. 1893



3 Berely Certify, as I am informed, that on the day of d 35 years, months, days, in at No. died. Street. Said person was a and, by occupation, a born in Sectors and was the of The disease, or cause of death, was erred, or to be interred, in

Were through Connections.

DATED, at Wenthrop the 4 day of February A. D. 1863 The disease, or cause of death, was



DEATHS

YEARS IN SSING

MOT COLLEGE



To the Clerk of the Town in which the Death occurred. 4 414

Ohild		March 29, 16,9	Min the		777777777777777777777777777777777777777	Months.	3. Minost					Milling In 1	- Lile will for the first of the same			Chetale (7)		There along	", on old are 1869
I. Name,	(Maiden Name,)*	2. Date of Death,	3. Place of Death,	4. Residence,	5. Sex, and whether Single, Married, or Widowed,	•	7. Color;†	8. Occupation,	9. Disease or First or Primary,	Cause of Secondary, (if any,)	Death, By whom certified,	10. Place of Birth,	11. Place of Interment, .	12. Name of Father,	13. Birthplace of Father,	14. Name of Mother,	15. Birthplace of Mother,	Signature of Undertaker or other person making the	Dated at Meetiles to

^{*} If a Married Woman or a Widow, i. W.) White and African - If of other Races specify when i. W.) White. (A.) African.

Certificate of the Causes of Death—to the Town Clerk, before the lateralext.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must rearrant cive forested for report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms of Returns may be obtained from the Town Clerk.

Donner
Death
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Which
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Town
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Jo
Clerk
the
To

^{*} If a Married Woman or a Widow, * (W.) White and African - If of other Razes, specify what.

The Undertaker, or other informant, is requested to report the facts—together with the Physician's certificate of the Causes of Death—to the Town Clerk, before the Lyteraemt.

In ease of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having thest been obtained, the person having charge of such Interment must forthe cive kotter forthe thereof—or report these facts—to said Clerk. Penalty for

neglect, twenty dollars.

Blank forms of Returns may be obtained from the Town Clerk.

DEATH A OF RETURN

To the Clerk of the Town in which the Death occurred.

Name,		16,)*	Residence,	Sex, and whether Single, Married, or Widowed,	cars, A monus,		First or Primary,	Secondary, (if any.)	By whom certified,		Place of Interment,	Name of Father,	Birthplace of Father,	Name of Mother,	Birtiplace of Mother,	Signature of Undertaker or other person making the Seturn,	Weather of ,, on 25 few
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Certificate of the Causes of Death—to the Town Clerk, before the facts—together with the Physician's

In ease of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided.) having first been obtained, the person having charge of such Interment must vorture to reject thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms of Returns may be obtained from the Town Clerk.

DEATH V OF RETURN

To the Clerk of the Town in which the Death occurred

Lydrah Long	Mathers 91 1813	Machine	Marrad	49 Years, 2 Months, Days.				110	Candran feltour		Mereta Cometany					} fluit ill oyd	10 Cm 120/3/
1. Name,	(Maiden Name,)*			Married, or Widowed, 6. Age,	7. Color,† · · · ·	8. Occupation,	9. Disease or First or Primary, .	Cause of { Secondary, (if any,)	Death, . (By whom certified,	10. Place of Birth,	11. Place of Interment, .	12. Name of Father,	13. Birthplace of Father,	14. Name of Mother,	15. Birthplace of Mother,	Signature of Undertaker or other person making the Return,	W. 11.

^{*} If a Married Woman or a Widow. $+ \{W.\} \text{ White and African.} \quad \text{If of other Races, specify what.}$

Certificate of the Causes of Death—to the Town Clerk, before the facts—together with the Physician's

In ease of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided.) having first been obtained, the person having charge of such Interment must forthwith cive notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms of Returns may be obtained from the Town Clerk.

Beston, Aug DR 1862 This Certifies that Hiram Humen died on the Milday of Jan 7 1814 aged 76 years, months, days. CAUSE OF First, (in order of time)

DEATH. Second, Duration,* * Reckoned to the time of death. Physicians' Certificates can be obtained on application at the City Registrar's Office, No. 6 City Hall Avenue.







DEATH A OF RETURN

Micamich f Maly		. Nov 26 , 1859	Muthrale	Win Truck	le, Mais Aingle	. C. Years, C. Months, 2 6 Days.				Tour of Leaven	ed, Dr Hed. blow.	Will Mich	Million	Berry Mount	0 1919	. Many They	New feary		ne	(Com 20 m
1. Name,	(Maiden Name,)*	2. Date of Death,	3. Place of Death,	4. Residence,	5. Sex, and whether Single, Married, or Widowed,	6. Age,	7. Color,† · · ·	8. Occupation,	9. Disease or First or Primary,	Cause of Secondary, (Ifany,)	Death, . By whom certified,	10. Place of Birth, .	11. Place of Interment, .	12. Name of Father, .	13. Birthplace of Father,	14. Name of Mother, .	15. Birthplace of Mother,	Signature of Undertaker or	other person making the Return,	The Harry

^{*}If a Married Woman or a Widow.

(W.) White. (A.) African. (M.) Mixed White and African. If of other Races, specify what.

Certificate of the Causes of Death—to the Town Clerk, before the Lucts—togomer with the Physician's

In ease of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must rorthwith cive notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

DEATH OF RETURN

Thomas Floy a		Dec 10h 166%	Mentholo	Mexistrap.	Married	64 Years, 2. Months, Days.		Marin ex		yleland Low	In dugalle	Chelsea.	Windlingto.	David Flyd	Chelled	Marinah Mayor	Makea	(Chander la bor.	West theupen, on fave 30 1867	
I. Name,	(Maiden Name,)*	2. Date of Death,	3. Place of Death,	1. Residence,	5. Sex, and whether Single, Married, or Widowed,	6. Age,	7. Color,† · · ·	8. Occupation,	9. Disease of First or Primary, .	Cause of Secondary, (if any.)	Death, . (By whom certified,	0. Place of Birth,	1. Place of Interment,	2. Name of Father,	3. Birthplace of Father,	f. Name of Mother,	5. Birthplace of Mother,	Signature of Undertaker or other person making the Return,	Dated at Meet Health	-

^{*} If a Married Woman or a Widow.

* If a Married Woman or A Mirleam (M) Mixed White and African. If of other Races, specify what.

Certificate of the Causes of Death—to the Town Clerk, before the lateralext.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must forthwith cive notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

DEATH. OF RETURN

Ann Burnell.	g. Belcher	Junia 6014, 24, 1869	Minthe up.	Winthrop	Mideneld	-49 Years, // Months, 26 Days.	11.				Dr. Hangalla.	the sew	West trade of	Nathoniel Belche				John Mayde	h., on fam 20 1868	
1. Name,	(Maiden Name,)*	2. Date of Death,	3. Place of Death,	4. Residence,	5. Sex, and whether Single, Married, or Widowed,	6. Age,	7. Color,†	8. Occupation,	9. Disease or First or Primary, .	Cause of secondary, (if any,)	Death, . By whom certified,	0. Place of Birth,	.1. Place of Interment,	2. Name of Father,	3. Birthplace of Father,	4. Name of Mother,	5. Birtliplace of Mother,	Signature of Undertaker or other person making the Return,	Dated at	# 16 o Mounted Wearen on a Widow

Certificate of the Causes of Death—to the Town Clerk, before the Interment.

The case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must forthwith cive notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

DEATH OF RETURN

Tora M. Western.		Jun 27 1867	Mantheop	Formale Lingle	Years, Months, Days.	The state of the s	escarlat mount		Trot angall	West Mit de	Wentter ch.	Martellusie Western	Marshfreld	Hannah Moster	l'iew founder	September Hay h	Dated at Merthelfe, on Again 20. 1868	
1. Name,	(Maiden Name,)*	2. Date of Death,	3. Place of Death,	 Residence, Sex, and whether Single, Married, or Widowed, 	6. Age,	8. Occupation,	9. Disease or First or Primary, .	Cause of \(\frac{1}{8} \) Secondary, (if any,)	Death, . (By whom certified,	10. Place of Birth,	11. Place of Interment,	12. Name of Father,	13. Birthplace of Father,	14. Name of Mother,	15. Birthplace of Mother,	Signature of Undertaker or other person making the Return,	Dated at Meritting	* If a Morried Woman or a Widow

⁺⁽W) White (A) African (M) Mixed White and African. If of other Races, specify what.

Certificate of the Causes of Death—to the Town Clerk, before the laterater.

In ease of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must forthwith Give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

DEATH OF RETURN

To the Clerk of the Town in which the Death occurred.

Nancy 95 Beleher	Josepher John	fuly 21. 1863	I mutterede	Marthall	Tomale Ringle	Ly Years, L& Months, Days.	N	, (0)	Phalic Menonation		Dr He Soule.	Chelsea	West trup	Thomas & Bolcher	tofulsew.	Hannah B Belohe	Chelsea	John Maya	Underlaken	Merthody, on fair 20 1868
1. Name,	(Maiden Name,)*	2. Date of Death,	3. Place of Death,	4. Residence,	5. Sex, and whether Single, Married, or Widowed,	6. Age,	7. Color,†	8. Occupation,	9. Disease or First or Primary, .	Cause of \ secondary, (if any,)	Death, . By whom certified,	10. Place of Birth,	11. Place of Interment, .	12. Name of Father,	13. Birthplace of Father,	14. Name of Mother,	15. Birthplace of Mother,	Signature of Undertaker or other person making the	Return,	Dated at Mar fler

If a Married Woman or a Widow, (V) Mixed White and African | If of other Rases, specify what

The Undertaker, or other informant, is requested to report the facts—together with the Physician's certificate of the Causes of Death—to the Town Clerk, before the farterest.

The case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must vorture governorment of the civic Penalty for neglect, twenty dollars.

A DEATH. OF RETURN

To the Clerk of the Town in which the Death occurred.

Many A Martin	" cllartin	extreguet 14. 186	Wirelfordy.	Formale Therefor	Zears, C. Months, Days.	<i>II</i>	0 . 1	2) your lery	(X M) O () D	Dr. Mo & Cloude	Gast Bastlen	Dagestor.	Micholus. Martin	Or Pars a.	Mary Chartin	1. 13 1aud.	Jeff, Mann	11 21 1-1	on fall 30 1868	
1. Name,	(Maiden Name,)*	2. Date of Death,	3. Place of Death,	5. Sex, and whether Single, Married, or Widowed,	6. Age,		_	9. Disease or First or Primary.	Cause of Secondary, (If any,)	Death, . (By whom certified,	10. Place of Birth,	11. Place of Interment, .	12. Name of Father,	13. Birthplace of Father,	14. Name of Mother,	15. Birthplace of Mother,	Signature of Undertaker or	other person making the Return,	Dated at Miller She	

(Be very particular to fill all Blanks.)

^{*} If a Married Woman or a Widow.

1 (W.) Whife. (A.) African (M.) Mixed White and African If of other Razes, specify what.

Certificate of the Causes of Death—to the Town Clerk, before the laterateur.

In case of an interment taking place, without the Cerificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must formular cive notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

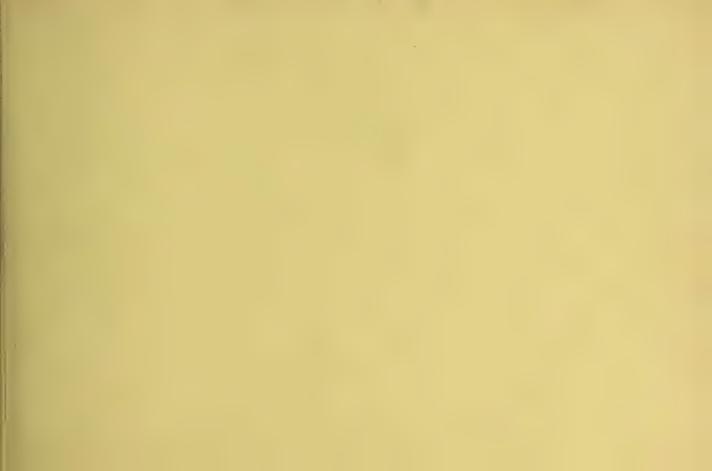
Guerline Sale		3 hope 17 . 1863	Millinde	Winthall	Finale ofingle	.51. Years, Months, Days.	11		(00.41.08)	i O M	29x 16.81. 27 2011	Wilelsea	Wintflufe	fullin Rale!	1 Collestoca	Marinate of lile.	com stud	Jahren May of	, on fail 30 1865
1. Name,	(Maiden Name,)*	2. Date of Death,	3. Place of Death,	4. Residence,	5. Sex, and whether Single, Married, or Widowed,	•	7. Color,†	8. Occupation,	9. Disease or First or Primary, .	Cause of Secondary, (Ifany,)	Death, . (By whom certified,	10. Place of Birth,	11. Place of Interment,	12. Name of Father,	13. Birthplace of Father,	14. Name of Mother,	15. Birthplace of Mother,	Signature of Undertaker or other person making the Return,	Dated at Mer His

^{*} If a Married Woman or a Widow.

(// A Married Woman or a Widow. (M) Mixed White and African. If of other Races, specify what.

Certificate of the Causes of Death—to the Town Clerk, before the Interment.

The case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must forthwith Given voitice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.





DEATH ¥ の正 RETURN

· · · · · · · · · · · · · · · · · · ·						J S. Years, Months, Days.					(1)								, 94
I. Name,	(Maiden Name,)*	2. Date of Death,	3. Place of Death,	4. Residence,	5. Sex, and whether Single, Married, or Widowed,	6. Age,	7. Color;†	8. Occupation,	9. Disease or First or Primary, .	Cause of a secondary, (if any,)	Death, . By whom certified, .	10. Place of Birth,	11. Place of Interment,	12. Name of Father,	13. Birthplace of Father,	14. Name of Mother,	15. Birthplace of Mother,	Signature of Undertaker or other person making the Return,	Dated at

^{*} If a Married Woman or a Widow, it a Marriean. If of other Races, specify what.

Certificate of the Causes of Death—to the Town Clerk, before the laterateur.

In ease of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must vorthwith cive notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

DEATH OF KETURN

Comment of the second						Vears, Months, Davs.					Cut		, 4,				,		,
1. Name,	(Maiden Name,)*	2. Date of Death,.	3. Place of Death,	4. Residence,	Sex, and whether Single, Married, or Widowed,	6. Age,	7. Color,†	8. Occupation,	9. Disease or First or Primary, .	Cause of Secondary, (if any,)	Death, . (By whom certified,	10. Place of Birth,	11. Place of Interment, .	12. Name of Father,	13. Birthplace of Father,	14. Name of Mother,	15. Birthplace of Mother,	Signature of Undertaker or other person making the Return,	Dated at

^{*} If a Married Woman or a Widow, +.W.) White and African - If of other Races specify when +.W.) White - (A.) African. (A.) Mixed White and African - If of other Races specify when

Certificate of the Causes of Death—to the Town Clerk, before the lateraleur.

The case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must vorthwith eith notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

DEATH 01 RETURN

					 Years, Months, Days.		L': 16, 12, 13, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		22								9 . 81 18 · 9
1. Name,	(Maiden Name,)*	2. Date of Death,	3. Place of Death,	4. Residence,	6. Age,	8. Occupation,	9. Disease or First or Primary, .	Cause of a secondary, (if any,)	Death, . (By whom certified,	10. Place of Birth,	11. Place of Interment,	12. Name of Father,	13. Birthplace of Father,	14. Name of Mother,	15. Birthplace of Mother,	Signature of Undertaker or other person making the Return,	Dated at

^{*} If a Married Woman or a Widov, it (W.) White and African. If of other Races, specify what,

Certificate of the Causes of Death—to the Town Clerk, before the Lytermeat.

The case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided.) having first been obtained, the person having charge of such Interment must rorrunt cive notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.





DEATH RETURN

To the Clerk of the Town in which the Death occurred.

Lucy Robinson	9	chut 9 1868	. Wenthrop			49 Years, 3 Months, Days.	M		Commentation		Do Ho. et. Soule	Well Maine	Winthrop	Janual Ralinder	Well Maine	Mary Robinson	. Well Marine	John Mayor	" (Muderlaker)	sted at their thends, on their of
1. Name,	(Maiden Name,)*	2. Date of Death,	3. Place of Death,	4. Residence,	5. Sex, and whether Single, Married, or Widowed,	6. Age,	7. Color,†	8. Occupation,	9. Disease of First or Primary, .	Cause of Secondary, (if any,)	Death, . By whom certified,	9. Place of Birth,	l. Place of Interment, .	2. Name of Father,	3. Birthplace of Father,	f. Name of Mother,	5. Birthplace of Mother,	of Undertaker o	Wellith,	ated at Illiet the

* If a Married Woman or a Widow, + If a Married Woulte and African - If of other Races, specify what.

Certificate of the Causes of Death—to the Town Clerk, before the Lyterment.

In ease of an inserment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must vorthwith either korthwith either worth these facts—to said Clerk. Penalty for neglect, twenty dollars,





PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . Date and Place of Death, Disease, First or Primary, or Cause Secondary,	John Land Dura	tion of, *
I certify that t Name, Professional Title, and Residence,	he above is a true Return, to the best of my recollect. A. S. Soule M. C. Dated at	ion and belief.
(Be very particular to fill all	Blanks l	* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

RETURN OF DEATH TO THE CITY REGISTRAR, CITY HALL, BOSTON.

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15. A

Co

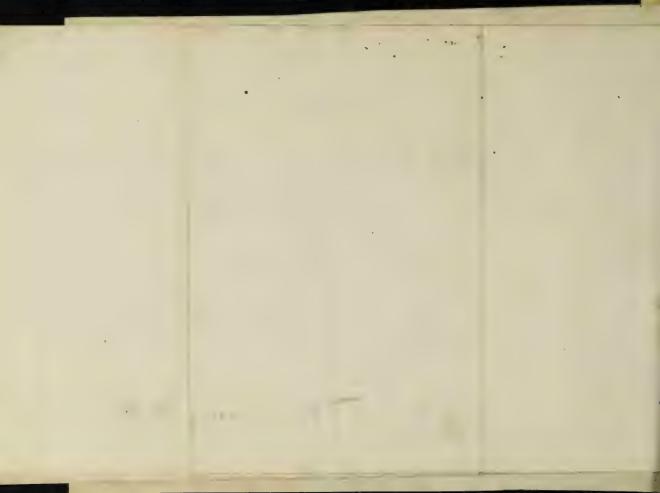
18 FO				
Color,	ward Single,	Widow of	(K. Duration,	Duration,
Just 9	The throng	1	har Sufan	March of a hot
Date of Death, Mame, Mane, Color, Color,	10. }	Birthplace,* Name of Father,	Birthplace of Father, * Carry Cause of , Primary, (In & Latter Duration,	Death, Secondary, On a first of Interment, Date of Interment or Removal, Undertaker or Informant, Mun of the of the of Informant,

*Insert Town and State.



Beston, July 9th 18780 his Gertifies, that James Shiney died on the que day of July 1880, aged one years; months, twe CAUSE OF Primary, Cholera InfantimoDuration. DEATH. Secondary,... Edw. T. W. Miany M. Physician.





4 July 18 1830,	Hory 6. Hanley	make t	} \	White	5. Age, X Years, S Mouths, 25 Days.	Cholena Infantium			Hans St Harthuse	And Alone Home Humis		Calor mase	John Civilin	Nollie Stanley	Circh Balon Mace	Hilbraidelon mace	Mittate Jour Lourelow	shinger lot f	I Dunner Hord		DATED AT Montheye, on July 19 1886.
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	0. Place of Birth,	1. Name of Father,	2. Name of Mother,	3. Birthplace of Father,	4. Birthplace of Mother	5. Place of Interment,	0	Signature of Undertaker	the Return,	DATED AT MINT

countied.

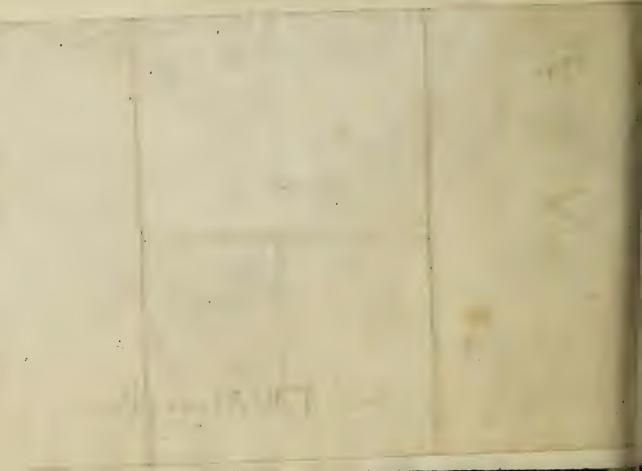
Be very particular to fill all Blanks.

^{*} If a Married Woman or Widow.
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

J. 500 7	المالية المالية	
の記載	ジ	Boston, July 27th 1880
Shington St.	The Can	This Certifies, that Peter Gallagher
8, 122 Wa	Sea-Sea-	died on the 27th day of July 1880, aged years,
1, City Printer	The state of the s	days.
& Churchil	38.0	CAUSE OF Primary, & Leo Le ca Infantum Duration. DEATH. Secondary, Duration.
Rockwell Rockwell		DEATH. Secondary, Duration.
	でまた。	Edwa T. William M.D. Physician.

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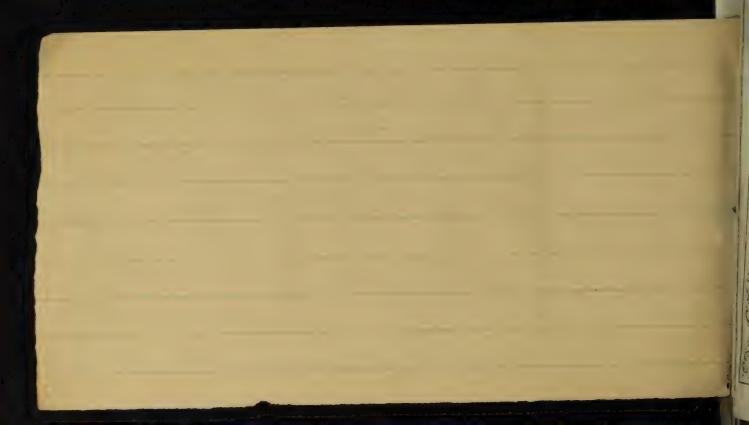


Jua 2/2 1880	Colonie 6. Melek		Finale	Mule-	X Years, S Months, M Days.				M La Show Alminhos			Solow	Shones Helsh	Hayy nelch	Orden O. D.	Stopen (1.10)	Deen Hogel	2. on Major 122 1865.	A. A
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed,	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, Smeared 15. Place Auterment,	Signature of Undertaker of undertaker the Starm,	DATED AT MINTERS	* If a Married Woman or Widow.

t If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what, [Be very particular to fill all Blanks.]

Town in which the Death occurred (or the deceased resided) having first been obtained, the pershaving charge of such Interment must forthwith give notice thereof—or report these facts—to sufficient. Penalty for neglect, twenty dollars.

Annie Evelyn Welch. Died Aug 21"1880 Aged 8 moe-14days wordt from Winthrope to Robbury & Manne Hope



Winthisp Ang. 22 - 18/8 0 This Gertifies, that Anna Evelyn Welet died on the 21 day of any 18x80, aged years, 8 months, 14 days. DEATH. Secondary, Preumonia & Franko a Duration. 24 hs Edwel T. William M. D. Physician.



PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	Loylic Hilling Ferrale
Date and Place of Death,	43.5.5.12 J
Disease, First or Primary,	Colera fifteed Duration of, It is
or Cause Secondary,	. /
I certify that to	he above is a true Return, to the best of my recollection and belief. A. S. S. C. C. S. C. M. J.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith turnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

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Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

worn of the 10wn in which the Death occurred.	agnel 29"/880.	Ochha Piellis		Fernale	glips to	Vears, Wouths, 29 Days.				Hermon & Mintrals.	Hermin St. Muttels		Mittrolo	Sillian & Willia	many Milis	Makina Olst.	, Landon-England	Wintrop Jour Chrobory		Almmer Hayd		Monthoop on August 30 1888.
STORY OF THE	1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified.	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,.	15. Place of Interment,	Signature of Undertaken	or other person making	the Keturn,	DATED at Montho

^{*} If a Married Woman or Widow. (M.) Mulatto; (I.) Indian. If of other Races, specify what,

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

	Boston, Sept 618780
Shington St.	This Gertifies, that John Mc Cormack
rs, 122 Wa	died on the 6th day of Sept. 1880, aged 1 years,
City Printe	2 months, days.
& Churchill	CAUSE OF Primary, Christa Jufantum Duration. 5 4
Rockwell Prof.	DEATH. Secondary, Duration.
	Edw. T. William Mp. Physician.



PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	Midlie St. //	The file of
Date and Place of Death,		
Disease, First or Primary,	1. secil	Duration of,* / (,)
of Death, Secondary,	/ lanus	Duration of, Y clay
	Dated at Missil	best of my recollection and belief.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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Sel 14"1883		Female	>	/ U. Years, O Months, Days.		De Conflexant	Licelist Wanting has	" " " " " " " " " " " " " " " " " " " "	A STATE OF THE PARTY OF THE PAR	Gast Delin Mass.	Hackburn Melon	Hannah G. Meelon.	Marchfield mace	min grow Levely	Montheyes Sound Connectory	Commerce Horzol		Tenthers, on Dept 1.5 186.
1. Date of Death,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,.	15. Place of Interment,	Signature of Undertaker	the Return,	DATED AT / HOUTE

.... rown in which .ne Death occurred.

^{*} If a Married Woman or Widow.
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what. Be very particular to fill all Blanks.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S	CERTIFICATE	OF THE	CAUSE C	OF DEATH.	1
ex of Deceased,	lemard	a. m. k	160000	A. C. C.	
Disease or	Medial's	Server Company	ali Dura	trans of the	
1 certify tha	t the above is true to the l	est of my recollect	ion and being.		
narticular to fill all			uf He	* Reckoned to the time	



Lemmes 26"1880	Sporand O. Salbelany		male (musid)	Mule	144 Years, & Months, 20 Days.				Willingto, (Junishighy)	Hillhoope, Paint Shirting	Giffor Sman	Mintrole, Join Shiley	Employmen Cartering	master A. Sankfrong	Millinge, Frim Butter	Harlings.	Tirell who Som bene bus	Je Mary Comment		6 , on Deember 27 186.
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or (First or Primar,	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertuken	the Return,	DATED AT WINTING

... Iown in which the Death occurred.

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow.

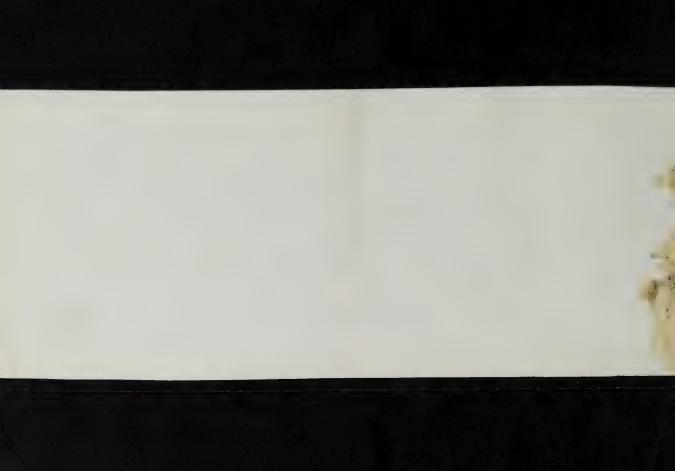
[†] If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Sex of Deceased,	8 8 2 %	
Date and Place of Death,		
Disease or cause of Death,		eration of;
I certify the Name, Professional Title, and Residence,	at the above is true to the best of my recollection and besief.	
	Dated at ,	
IDa venus nontiqualen to fill all	Blankel	* Reckoned to the time of death.

[Be very particular to fill all Blanks.]



Washion are Minthes nale (Immanied) Leennber 3ª 1810. Months, 16 Days. Goet Bolon Mucos in which the Death occurred. Survel A DEATH. 34 Years, 3 RETURN OF To the Clerk of the Town Cause of | Secondary (if any) Sex, and whether single. 6. Disease or [First or Primary Death, By whom certified Married, or Widowed. 13. Birthplace of Father, (Maiden Name),* Name of Mother, 11. Name of Father, 10. Place of Birth, . Place of Death, 1. Date of Death, Occupation, . 7. Residence, Name, . Color, † 5. Age, . 60

inthist, on Recomber 3 1880, Dunner Tha or other proon making Signature of Undertaker the Return, . . . DATED at

your Cornelan

14. Birthplace of Mother,.

15. Place of Interment,

[•] If a Married Woman or Widow. • If a Married Woman or Widow. • If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what, Be very particular to fill all Blanks.

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DEATH. RETURN OF A

To the Clerk of the Town in which the Death occurred.

100/ 0000	Dilean Hay.		Finale. (Midon)	Mile	74 Years, X Mouths, 13 Days.			0. 0. 0	Huram St Months	" " "		Mostlow mass	Somo Sans	Mark Klowy	Motoro made	Sudding much	Southlow muse	Sunner Hoyd		15, on Oleul of 1881.	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertaker	the Return,	DATED at Montrop,	* If a Married Woman or Widow.

[†] If other than white, (A.) African; (M.) Mulatto; (L.) Indian. If of other Races, specify what, [Be very particular to fill all Blanks.]

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*		
Date and Place of Death, -	died at and in the wife and the wife the state of the sta	1,
Disease or Cause of Death, -	of I Stand Live Low Duration of Sickness The Landiday	.
	that the above is true, to the best of my knowledge and belief.	
* Or Sex of Infant (not named).	Date of Certificate, Africal	1.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Massachusetts Commonwealth of

DEATH A OF RETURN

To the Clerk of the Town in which the Death occurred.

DATED at

, on (

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. † If other than white. (A.) African; (M.) Mulatte; (I.) Indian. If of other Races, specify what,

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Name of Deceased,*	Leorge Bemis
Date and Place of Death,	died as Mirethireft April 17 1861.
isease or Cause of Death, -	of Duration of Sickness Total
I certify Name and Residence of Certifying Phys	that the above is true, to the best of my knowledge and belief.
• Or Sex of Infant (not named).	Date of Certificate, . 47

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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OF RETURN No. C

To the Clerk of the Town in which the Death occurred. DEATH.

June 5 # 1881	Julia W. Landon		Fernaire ("1, asseed)	Christe.	J. Years, X. Months, X. Days.				main I Milling	Main St. Mishing		Balon mass	A no shoule	Sophia De Glallie	- Marray 1,00	Below Marcollingle	Me in Guburn Covel	Euriner Loyd)	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertaker	the Return,

DATED at

....

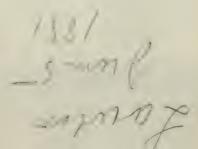
^{*} If a Married Woman or Widow."

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

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Blank forms for Returns of Deaths may be obtained from the Town Clerk.



Name of Deceased,*	Julia 1	Lawten june 50 in	
Date and Place of Death, -	died at . Wint	trush june 50'il	1881
Disease or Cause of Death, -	of Heart	Duration of Sickness si	1-2-6,1
I certify Name and Residence of Certifying Phy	ysician Sun	the best of my knowledge and belief. Alegall Mate of Certificate, Cine 6	188/

^{*} Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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estits. Commonwealth of

DEATH. RETURN OF

To the Clerk of the Town in which the Death occurred

me 7 " 6 8 1	D' Marier.	
anne.	L'Innol.	
		•
Date of Death, .	Vame,	Maiden Name),*
7	-	

- Sex, and whether single. Married, or Widowed.
- Color, † 5 4.

Months,...

Years,....

- Cause of { Secondary (if any) By whom certified 6. Disease or [First on Primar, Death,
 - Residence,

megnelle

- 8. Place of Death, Occupation,
- Place of Birth, . 10.

Name of Father,

11.

- Name of Mother, 12.
- 14. Birthplace of Mother,.

Birthplace of Father,

13.

Place of Interment,

ndlanni (Eneter

20minglan

nerson-making Signature of Undertaker the Return,

o somme

* If a Married Woman or Widow.

i If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,), on. DATED at

Be very particular to fill all Blanks.

7 1131

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, Before the Interment.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwiff give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Name of Deceased,* Lamel	Jul Hairens.
1	tropo Caran Spray Sunes 878.
Disease or Cause of Death, of Discuse of	Heart Duration of Sickness Ininuda to
***	the best of my knowledge and belief.
Name and Residence of Certifying Physician	Date of Certificate. 21. Viene 188 1.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Massachusetts. Commonwealth of

DEATH. A OF RETURN

occurred Clerk of the Town in which the Death To the

			Years, Months, Days.						,	*					, on
1. Date of Death,	(Maiden Name),* 3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	 Cause of { secondary (if an)), Death, By whom certified	-	8. Place of Death,	9. Occupation,	0. Place of Birth,	1. Name of Father,	2. Name of Mother,	3. Birthplace of Father,	4. Birthplace of Mother, .	5. Place of Interment,	Signature of Undertaker or other person making the Return,	ATED at

^{*} If a Married Woman or Widow.

If of other Races, specify what, t If other than white. (A.) African; (M.) Mulatto; (I.) Indian.

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Name of Deceased,* Date and Place of Death, - Disease or Cause of Death, -	of The second of Sickness to V. J. 187
I certify Name and Residence of Certifying Phy	that the above is true, to the best of my knowledge and belief. sician Date of Certificate, 2004
* Or Sex of Infant (not named).	

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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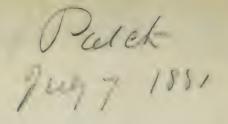
DEATH. A OF RETURN

No.

To the Clerk of the Town in which the Death occurred.

-	. Date of Death,	
્યું	Name,	
	(Maiden Name),*	
ಂ	. Sex, and whether single. Married, or Widowed.	
4	. Color, †	
5.	Age,	Years, Months, Thays,
6.	. Disease or First or Primary	: : : : : : : : : : : : : : : : : : : :
	Cause of Secondary (if any)	:
	Death, By whom certified	
1	Residence,	
ထ	Place of Death,	The second
9.	Occupation,	
0	Place of Birth,	
	Name of Father,	Shankan Agent
e i	Name of Mother,	
ော်	Birthplace of Father,	Company of the contract of the
-, i	Birthplace of Mother.	
5	Place of Interment,	
	Signature of Undertaker or other person making the Return.	

187



The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

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Name of Deceased,*	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Date and Place of Death, -	died at	187 ,
Disease or Cause of Death, -	of	
	that the above is true, to the best of my knowledge and belief.	
# On Son of Infant (not named)	Date of Certificate,	.187 /.

^{*} Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859-]

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Boston, July 13 1880 This Certifies, That Lorge A. Patch died on the day of July 1881, aged 3.5 (1) years, CAUSE OF Primary, Valvular desease Defrations ask DEATH. Secondary Both lings ing pagaron with bloved Two, tedmen Physician.

July 134 : 841

Massachusetts. Commonwealth of

DEATH RETURN

occurred. of the Town in which the Death To the Clerk

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26th 18	ight	A :
E M	thas	
70	den	
•		
-		* ()
Death,		den Name
Date of Deat	Name,	(Maider
-	જાં	

- Sex, and whether single, Married, or Widowed. 3
- Color, †
- Age, . 5.
- 6. Disease or First or Primary Cause of { Secondary (if any) By whom certified Death,

- Residence,
- Place of Death,
- 10. Place of Birth. Occupation,
- Name of Father,
- 13. Birthplace of Father. Name of Mother,
- 14. Birthplace of Mother, .
- Place of Interment,

course Signature of Undertaker the Return

* If a Married Woman or Widow

on,

[Be very particular to fill all Blanks.]

[†] If other than white, (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

18/27 m.

Name of Deceased,*	Cluri Lighthull
Date and Place of Death,	died at Il inthrope, Mass. July 26, 1881,
Disease or Cause of Death, -	of Cholera Prefaulum Duration of Sickness 9 days
I certify	that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Phys	ician George Z. Loodell, 111. X. Resident Plays, at in shore
	1 Pane
	Date of Certificate, fully 26, 187/.
* Or Sex of Infant (not named).	

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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Massachusetts ot Commonwealth

A OF P RETURN

No.

Death occurred. DEATH which the Clerk of the Town in To the

Studies 1 1981	Allel M. Carney		Finale	Mile-	X Years, X Months, 2 Days.				Canbudge bort m	Houthof Thin Shill &		Canendopped ma	Comin C. Carrey	Jellie J. Carrell	Behound marie	East Bolon mass	Henthol Jone Conolin	Les Monome Lot Ha	Commen Hond		
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,.	15. Place of Interment,	Signature of Underly	or other person making	the Return,	1 10

DATED at.

OTI

If of other Races, specify what, Be very particular to fill all Blanks. * If a Married Woman or Widow.

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, Before THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

ang 1." 1851 a Canag

rme of Deceased,* - - - Alico M. Carney I certify that the above is true, to the best of my knowledge and belief. Date of Certificate, 187

* O: Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1850.]

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RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

while————————————————————————————————————	Married				Butun	t fine	e or black.
Melley Color, tutil	whypward	Wife of	" When melley " Solon in	Duration,	Duration,	ence	tState whether white or black.
Wellen 8 mo	Amu We Sex, F	mm min	my me		Central	censo	*8
years	dea red	8 stn	her.,*		dauy, /3 4	it or Removal,	nd State.
Same, Anne	Street and No. Sex, from Single,	Sirthplace,* Sirthplace,* Surthplace,* Sirthplace,* Sirthplace,* Sirthplace,* Sirthplace,* Sirthplace,* Sirthplace,* With warn Sign of Father,	Name of Mother, Sirthplace of Futher,* Sirthplace of Mother.*	Jause of Primary,	Death Secondary, 134 Central Burntion, Buten	Date of Intermen Undertaker or In	*Insert Town and State.



Boston, ang. 7 £ 1881 and a transport to the these . This Certifies, That annie Melleay died on the day of any 1881, aged - years, months, days. CAUSE OF Primary, Cholera InfantumDuration DEATH. | Secondary, Duration Benj & Blanchard Physician.

aug 1881

Rassachusetts Commonwealth of

DEATH. A RETURN OF

No. ..

occurred. To the Clerk of the Town in which the Death

1881, 11 Nouport	Loyle - 4. Beleher	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	o Fernalle	Mile	Years 3 Months, 19 Days.	Cholow Dutantum			Henthof A Wintrop	Printing SY: Willing	7	Genthal.	Ginne D. Bolisher	Comma (Pelcher	Thirthop mass.	danisolth Congland	Monthe South Komolong	Durn retind	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,.	15. Place of Interment,	Signature of Undertaker	the Return,

DATED at.

, on O

^{*} If a Married Woman or Widow. † If other than white. (A.) African; (M.) Mulatto; (L.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

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Blank forms for Returns of Deaths may be obtained from the Town Clerk.

1581,11-5m2

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	1 Selitur Fixical
Date and Place of Death,	True 11 - 10'51 The therape Heaps
Disease, First or Primary,	Chaleson " refer ater Duration of, " D from
or Cause Secondary,	Duration of, 39 ferrors
of Death,	
I certify that the	above is a true Return, to the best of my recollection and belief.
Name, Professional Title, and Residence,	Daniel Tryales the hinking, 110g
	Dated at Thin thingh iles it

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

No.

DEATH. 0 压 RETURN

To the Clerk of the Town in which the Death occurred.

79	Walter a may		marc	11 /2/ 12	/ Years, J Months, // Day			6	(2011/150/las	Jen Thur Herr		Cert But las	thathe la loxin	(4171 () ")	(12.6.5%	0 6/11	Les Min Hilliannin	} Welgrows.	les , on 12 0 (124 g 1878	
1. Date of Death,	2. Name,	(Maiden Name),*.	3. Sex, and whether single, Married, or Widowed,	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father, .	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertaker or other person making the Return,	DATED at Lall Jim	

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what,

Physician's Certificate of the Causes of Death — to the Town Clerk, before the internext.

Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must rorruwith eith nortice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms of Returns may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	Walterle	Terry ///2	
Date and Place of Death,	august 12	[West ting	
Disease, First or Primary, or Cause	Cholera Infai	re trues Duration of, five de	Z
of Death, Secondary,		Duration of,	
I certify that to Name, Professional Title, and Residence,	ne above is a true Return, to the Sery: I	best of my recollection and belief. Blanchurd Windings 1858	 * -

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—iorthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

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No. 10

RETURN OF A DEATH.

No.

To the Clerk of the Town in which the Death occurred.

Jus 6/1-12-13-14- Untonom [Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow.
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, Before the Interment.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* Date and Place of Death, -	Sophia S. Willis died at - Cor Main + Meacant Str Huguet 13 1881.
Disease or Cause of Death, -	of L. L. Cig Duration of Sickness
I certify Name and Residence of Certifying Phy	that the above is true, to the best of my knowledge and belief. sician Date of Certificate, (Cuy 13 7
* Or Sex of Infant (not named).	

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

When married, erase "single" and "widow;" when widowed, erase "single" and "married."

CHTY HALL, BOSTON. Orm Tool RETURN OF DEATH TO THE CITY REGISTION

Birthplace of Father,*

Birthplace of Mother,*

Cause of Primary,

Death. Secondary,

Duration,

Duration,

Place of Interment,

Date of Interment or Removal,

Undertaker or Informant,

*Insert Town and State.

†State whether white or black.

PHYSICIAN'S CERTIFICATE.

· Name of Deceased,*	
Date and Place of Death, -	died at
Disease or Cause of Death, -	of L. Duration of Sickness
	that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Phy.	Date of Certificate,
* Or Sex of Infant (not named).	

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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Massachusetts. Commonwealth of

DEATH. A RETURN OF

No.

occurred. To the Clerk of the Town in which the Death

Higuet 21"1551.	M. Tie Treb.		Finale		Years, J Months, Days.				The low mass	maistron An man		Retur mos			Ma de la companya della companya della companya de la companya della companya del		18 1 perang (Internal love Meringin	Joseph Mills of the Control of the C	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	0. Place of Birth,	1. Name of Father,	2. Name of Mother,	3. Birthplace of Father,	4. Birthplace of Mother,.	5. Place of Interment,	Signature of Undertaker	the Return,

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Be very particular to fill all Blanks.

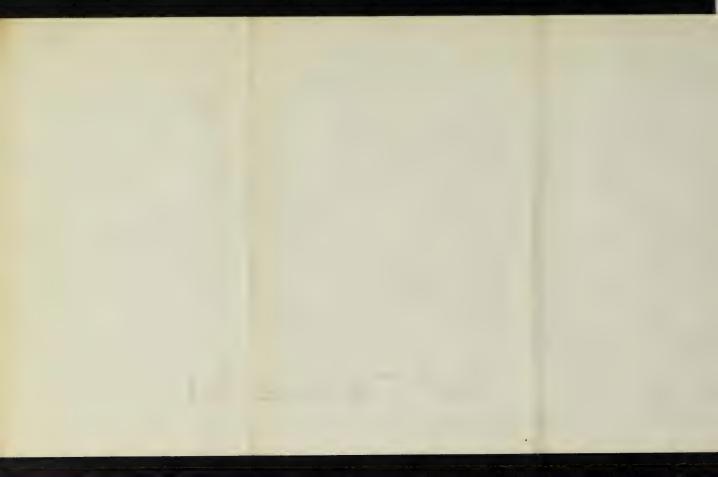
^{*} If a Married Woman or Widow. † If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

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	Boston, Mug, 22 18'81
	This Certifies, that /lette 11.16.
· 一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	died on the 21 day of ling wet 1881, aged - years,
	Nice months, days.
	CAUSE OF Primary, & hetera Infantion Duration 2 roce ke
	DEATH. Secondary, Duration
	Edw. T. William M. J. Physician.



A DEATH. RETURN OF

ביינושבתו וומושר זוש.

To the Clerk of the Town in which the Death occurred.

(Mignel 31788)	Hotel my Gir Sevant		male (Unnarried)	Marke -	26 Years, 8 Months, Days.	Obeidental Dunnis			montreal Canada	Mintrop (Ocean Spray)	(Somerance Roup)	modreal Canada	Andrew B. Stewart	Sprah Slepart	Elacon Southand	Canada	Mentreal Connada		
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed	4. Color, †		6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	•	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertuker	DATED at William

^{*} If a Married Woman or Widow.

If other than white, (A.) African; (M.) Mulatto; (L.) Indian. If of other Races, specify what, [Be very particular to fill all Blanks.]

21 1881

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	Robert Mc Sie Stewart
Date and Place of Death,	died at Ocean Spray, Mithrof, Mais, August 21,881.
Disease or Cause of Death, -	of Accidental Drowning Duration of Sickness
I certify	that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Phys	ician It, H. L. Dreard Costan Mas
skylstin fr	Date of Certificate, August 22 1881
* Or Sex of Infant (not named).	

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Massachusetts. Commonwealth of

No

DEATH. A RETURN OF

occurred. Town in which the Death To the Clerk of the

Name,		Date of Death,	Oxugue (23"/881.
Sex, and whether single. Married, or Widowed. Color, † Disease or First or Frimary Cause of Secondary (if any) Death, By whom certified Residence, Place of Death, Place of Birth, Name of Mother, Birthplace of Father, Birthplace of Mother, Signature of Undertaker exciting the Return and sing the Return.	8	Name,	Mele Oller
Sex, and whether single. Color, †		(Maiden Name),*	
Age, Discase or First or Frimary Cause of Secondary (if any) Death, Bywhom certified Residence, Place of Death, Occupation, Name of Rather, Birthplace of Father, Birthplace of Mother, Birthplace of Interment, Place of Interment, Birthplace of Mother, Birthplace of Mother, Birthplace of Mother, Aginature of Undertaker Signature of Undertaker And Return And Return	ಣ	Sex, and whether single, Married, or Widowed.	male
Disease or First or Primary Cause of Secondary (if any) Death, By whom certified Residence, Place of Death, Occupation, Place of Birth, Name of Rather, Birthplace of Father, Birthplace of Interment, Place of Interment, Signature of Undertaker oveding person making the Return,	4	Color, † · · · · ·	
Disease or First or Primary Cause of Secondary (if any) Death, Bywhom certified Residence, Place of Death, Occupation, Place of Birth, Name of Rather, Birthplace of Father, Birthplace of Interment, Place of Interment, Place of Interment, the Return, The Return,	5	Age,	d
Cause of Secondary (if any) Death, Bywhom certified Residence,	6.	Disease or	
Residence,		Cause of Secondary (if any)	
Residence,			
Place of Death, Occupation, Place of Birth, Name of Father, Birthplace of Father, Birthplace of Tather, Birthplace of Interment, Place of Interment, Asignature of Undertaker oxedian person making the Return,	5	Residence,	Six On a series
Occupation,	00		Main box Herman Sh
Place of Birth,	9.	Occupation,	
Name of Father,	0		Byslew Mass
Name of Mother,		Name of Father,	Waller allew
Birthplace of Father,	73		mazzie alen
of Interment, Sary ture of Undertaker Return,	റോ		Man 11. 18
of Interment, Serry ture of Undertaker duer person making Return,	귝;	Birthplace of Mother, .	Johnsonth N.S.
ture of Undertaker diver person making Return,	20	Place of Interment,	Sendonary deferrit in some
ture of Undertaker the person making Return, The first free free free free free free free fre			() I Received Jours
Return,		Signature of Undertaker	Currer Hazel
Min mil		the Return,	
		Charlina !	Guariello 213 S.

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DATED at

^{*} If a Married Woman or Widow.

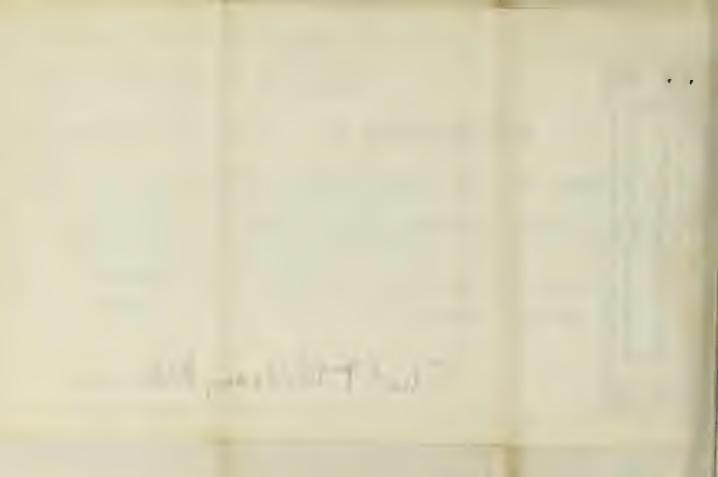
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

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	Constitution of the consti		Hultuck (lug, 23 18)	181
THE PARTY OF THE P		Thi	is Certifies, that It alter Aller.	
	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	died on the	23 day of Mugart 1881, aged - y	ieais,
	***************************************	eight	months, days.	
*	家家	CAUSE OF	Primary, & lectura Sufantum Duration	
	新教	DEATH.	Secondary, Duration	
			Edwd T. Williamy M.D. Physician.	



Massachusetts. Commonwealth of

DEATH. A OF RETURN

which the Death occurred. To the Clerk of the Town in

1. Date of Death,	Jugard 2,3 "1881.
2. Name,	Hahy Hanckad
(Maiden Name),*	
3. Sex, and whether single. Married, or Widowed.	male
4. Color, †	Mhie
5. Age,	Jears, Months, Days.
6. Disease or First or Primary	Cholera Angantum
Cause of Secondary (if any)	
Death, By whom certified	<i>(</i>
7. Residence,	Hofmy mass
eath,	Hain, Col Hermon & Thirth
9. Occupation,	
10. Place of Birth,	Balon mass
11. Name of Father,	
12. Name of Mother,	
13. Birthplace of Father,	
14. Birthplace of Mother,.	
15. Place of Interment,	Denforang deposit, Jour Besie
Signature of Undertuker or other person making the Return	Summer Flored.

kree

withro

DATED at.

, on My wal 2112 180.

^{*} If a Married Woman or Widow. (M.) Mulatto; (I.) Indian. If of other Races, specify what, t If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what, [Be very particular to fill all Blanks.]

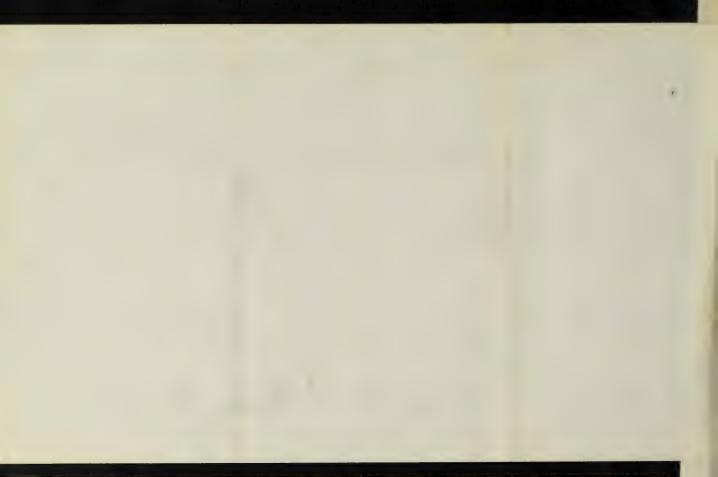
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(381086 mon)

Hinthrop Ung. 24 1881
This Certifies, that Harry Hampetead
died on the 23 day of august 1881, aged - years,
LEVE 12 months, days.
CAUSE OF Primary, Che le La Purfer Terre Duration
DEATH. Secondary, Duration
Edwd. T. William M.D. Physician.



No.

DEATH. A 日日 RETURN

Clerk of the Town in which the Death occurred. the To

My 27- 1881	Unsuelle Recel	male mamid	(ii)	60 Years, A Months, Days.				Oirston Mass	Occasi Opray Win though Ma	Yen the wan	. South Sancon Mass	Onego A Read	Elisabeth "	Oriely water these	Dances "	Dancens mad	buy to chuth
Death,	2. Name,	(Maiden Name),* 3. Sex, and whether single, Married or Willowed	4. Color, †	ŏ. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	0. Place of Birth,	1. Name of Father,	2. Name of Mother,	3. Birthplace of Father, .	4. Birthplace of Mother, .	5. Place of Interment,	Signature of Undertaker or other person making the Return,

DATED at

187

on

^{*} If a Married Woman or Widow. [Be very particular to fill all Blanks.]

Physician's Certificate of the Causes of Death — to the Town Clerk, before the facts — together with the Thysician's Certificate of the Causes of Death — to the Town Clerk, before of Registry of the Clerk of the Town in which the Death occurred, for the deceased resided, having that been obtained, the person

Town in which the Death occurred, (or the deceased resided.) having that been obtained, the person having charge of such Interment must forthwith cive northereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms of Returns may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased,	angustus Ree	1 male
Date and Place of Death,	7	withrop mas any 27/84
	Homerowski will will	" Ubres Duration of, " Whout 10 Jugo.
or Cause {	Je plicamin	Duration of frobally one week?
of Death, Secondary,	Je je v de le la	Duration of, friends

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence,

Dated at Graf Boston Que . 2% 1851.

[Be very particular to fill all Blanks.]

^{*} Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease I such person—hardbarth of each for registration a continue of the duration of the last sixtheses, the excess of which the person are not the arte of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

For The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

Massachusetts Commonwealth of

A DEATH. RETURN OF

which the Death occurred. To the Clerk of the Town in

August 29"1881.	Jake 1		male	Monte	Tears, Months, London				Honord St. Houting	Frement St Winthelp		Fernand St Wintmot	Churles B. Evelie	Garah Of. Every	St. John M. 13	S. John M. 18.	Carman led for graves.	O Train Connolling -	Dunmer Hayd	6 , on August 29 1881.
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Gause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,.	15. Place of Interment,	Signature of Undertaker	the Return	DATED IN THUMBED

DATED at

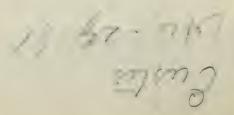
[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. (M.) Mulatto; (I.) Indian. If of other Races, specify what,

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PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	
Date and Place of Death, -	died at 187 /,
Disease or Cause of Death, -	of
I certify Name and Residence of Certifying Phy.	that the above is true, to the best of my knowledge and belief.
* Or Sex of Infant (not named).	Date of Certificate,

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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Fill out in ink.

When married, erase "single" and "widow"; when widowed, erase "single" and "married."

RETURN OF DEATH TO THE CITY REGISTRAR.

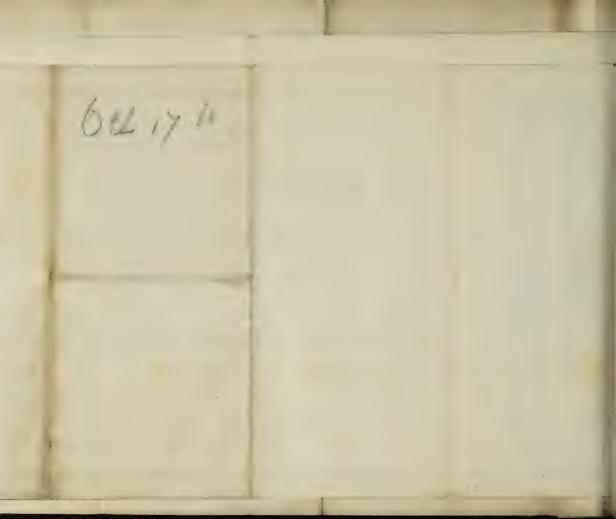
CITY HALL, BOSTON.

18	days	Married					e year		olack.
= lor,†	0	VARD		, **		Duration,	ation, O		r white or l
Date of Death, Ceenar 18	onth &	Street and No. }	Occupation, O Wife of Birthplace, Widow of	" - Vest of I do a so the	14 a 3 d	Dur	ud; Dun	Date of Interment or Removal,	+State whether white or black.
	m /	Sex,	Wi	in the second	631		11111111		\$ 2
							Their	noval,	y mile
Cen	years		, e	r, .r.,	ather,*fother,*	nary,	ndary,	Date of Interment or Removal, Undertaker or Informant,	and State.
of Death,	4	e of Death et and No.	pation,	Name of Father,	Birthplace of Father,*Birthplace of Mother,*	Cause of Primary,	$\frac{1}{2}$ th $\frac{1}{2}$ Second of Interm	of Intermortal	*Insert Town and State.
Date Nam	Age.	Flac Stree Resid	Occu Birth	Nam Nam	Birth Birth	Caus	Dea Place	Date Unde	I,



	Boston, 18'8'
	This Certifies, that
	died on the I. day of
	days.
* *	CAUSE OF Primary, Duration Duration
	DEATH. Secondary, Engun fe lein fluin Duration on yet
	Dimit Jugallo " Physician.

163°C		Boston, 6 1 12 1881
	O A CHES	This Certifies, That Frank Le Misuc
A TANK	A STATE OF THE STA	died on the Landay of Ce 188, aged years,
		months, andays.
	Section of the second	CAUSE OF Primary, MILLIANDURATION Duration
	Standensta	DEATH. Secondary, Duration
		, Mille Physician.



When married, erase "single" and "widow"; when widowed, erase "single" and "married."

RETURN OF DEATH TO THE CITY REGISTRAR

CITY HALL

184 184 Color, † 20	days	Felle Y. S. Widowood and M. Plan Trelle Y. S. Widowood				or black.
	th warp	of Dina	ethen	Duration,	Duration,	+State whether white or black.
20%	Mu Sex. F	Wife Wife	eggne			+Sta
1 Mes	years & mutholy with the	fu Brell	1., Cap.		ry, Je	rmant,
Date of Death, Och 20%.	Age Il years month month Street and No. Street and No. Screet and	Sirthplace, * Cafu Belle V. S. Wife of Deneda Willaw Birthplace, * Cafu Belle V. S. Widow of San Charlin	Name of Mother, * Cape 3 ethen Meditable of Mother, * 1,	Cause of Primary,	Death Secondary, Place of Interment, Date of Interment or Removal,	Undertaker or Informant,



		Boston, Oct-20th 1881
S. S	Server Silver	This Certifics, That Sarah Mc Varesh
かるから	Search St.	died on the 20 day of Oct 1881, aged Flycars,
		months, days.
To see the	The state of the s	CAUSE OF Primary, Duration
Rosens.	Salvativa	DEATH. Secondary, Duration
		Physician.

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DEATH A OF RETURN

Death occurred. which the To the Clerk of the Town in

((0129"188).	Halida Berehay.			y/wee	Jo Vears. & Mouths, 23 Days,			2	Diet 19 why Miss	Dengan St. Huntinglo		Loudin Courtaint.	James Hahing.	yand Hundy.	Legal de Constantel.	South Courses and	Tarillings Jours Drawlen		Color to course	(11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single, Married, or Widowed.	4. Color, †	5. Age	3. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	. Residence,	8. Place of Death,	9. Occupation,	. Place of Birth,	. Name of Father,	. Name of Mother,	3. Birthplace of Father,	. Birthplace of Mother, .	. Place of Interment,	Signature of Undertaker	the Return,	ATED at. Collision

* If a Married Woman or Widow.

† If other than white, (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

DATED at.

(Be very particular to fill all Blanks.)

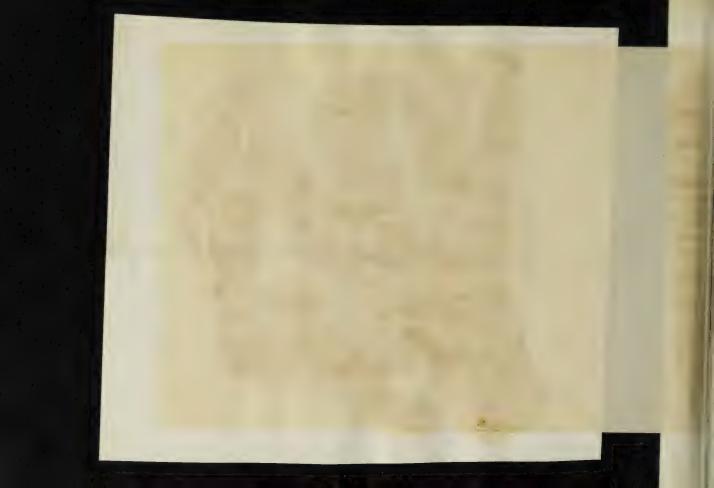
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CHAS. G. BROOKS, M. D. I SARATOGA PLACE. EAST BOSTON. Thyriciane Gertificate
To accompany
Return of death Solo by 4. Lug by tr 1. I inde Keer , di a Voire. 1 p, on Succes by 10, 27th d. 7 ll words (4.18 ts, m. 4.



Commonwealth of Massachusetts.

A DEATH. RETURN OF

which the Death occurred. To the Clerk of the Town in

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PHYSICIAN'S CERTIFICATE.

ame of Deceased,*	Fenale	
Date and Place of Death,	died at Attle town A which	1881
Disease or Cause of Death,	of Still for Duration of Sickness -	
I certify Tame and Residence of Certifying Phys	that the above is true, to the best of my knowledge and belief.	
	Date of Certificate, No23	1861.
* Or Sex of Infant (not named).		

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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RETURN OF A DEATH.
To the Clerk of the Town in which the Death occurred

Jos gat 1581	They of Henderon,		Ferina (Millined	C/1, Cle-	Me				July It of the	Spa !!!			Aline the man him in	The state of the s	Joeth will	0 1	willing June land		" " " " " " " " " " " " " " " " " " "	thist, on after 10th 1887
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,.	15. Place of Interment,	Signature of Undertaker	the Return,	DATED at

Be very particular to fill all Blanks.

^{*} If a Married Woman or Widow. † If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

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PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	Mary Br. Henderson
	died at Winghroft Non 9. 1881.
Disease or Cause of Death, -	of Ald age Duration of Sickness

I certify	that the above is true, to the best of my promeded and belief
Name and Residence of Certifying Phys.	ician Me. L. Loule Winthrof
	Date of Certificate, Avn 9
	Date of Certificate, Ill 1861.
* Or Sex of Infant (not named).	

Or Sex of Infant (not named).

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Rassachusetts Commonwealth of

DEATH. A RETURN OF

To the Clerk of the Town in which the Death occurred.

Moonber 14"186.	Lucida H. M. M.		Ferrale (married)	Mule-	62 Years, A Months 14 Present				Centre of Mishing	Sintre of Minths		herried Il 3	Land Somon	Guenla Johnson	Kindied Of 14	6 phing of 24.	Mentioned my miss		Lamos Hayd		DATED at Marin 18 m Mar 15 m C
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,		11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,.	15. Place of Interment,	Signature of Undertaker	the Determent making	the neturn,	DATED at.

, on ...

^{*} If a Married Woman or Widow.
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of wher Races, specify what,

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, Before THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwifh give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	Mrs Lucinda H. Walker	
Date and Place of Death,	of Lancer of Breast Duration of Sickness 14	188/,
Disease or Cause of Death, -	of Lancer Of Breast Duration of Sickness de	11/11/11/11
I certify	that the above is true, to the best of my knowledge and belief.	
Name and Residence of Certifying Physics	sician Her Soule Mich	
	Date of Certificate, A. On 15	188/.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

When married, erase "single" and "widow"; when widowed, crase "single" and "married,"

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

2 cd 18 g	month days	Sex, R. Single, Married	Mond	Mond	Duration,	Duration,	my Heak	†State whether white or black,
Date of Death, Non 22 2 Name, William Word Color, X	Age 73. years	Residence, Multing Sex, m. Countries, Sex, m.	Birthplace, * Corner Manch	Sirthplace of Father, * Conc.	Sirthplace of Mother,* / Profiler. Duration,	Death Secondary,	Date of Interment or Removal, John H. H.	Thsert Town and State

(SS). 77-116

Boston, Nov 22 1881. This Certifies, that Milliam Wood died on the 22 day of ISON 1881, aged 33 years, months, days. CAUSE OF Primary, Secondary, Seco



No. 20,

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

Ce 30 m 1881.	Maria H. Jones		S'enga (Unina sich	Sirile !	J. Years, X. Months, X. Davs.				Miller Charling	Glitter St.		Titust Pourui	Tilliam H. Moroe	Sine 13. Hare	13 Saw Manie	bioline //	Senfrom divorit in Jour	During Mail	, on Deceniber 21 18	* If a Married Woman or Widow, † If other than white, (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified,	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertuker at other person making the Return,	DATED at.	* If a Married Woman or Widow. † If other than white. (A.) African; (M.

[Be very particular to fill all Blanks.]

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Date and Place of Death,	died as 12 2 2 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1
Disease or Cause of Death, -	of Con 200 22 /2 /2 Duration of Sickness
· I cortifu	that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Phy	sician Her S. Senele Met. 112.4/191
	Date of Certificate, († 6 C 3) 1881.

^{*} Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1850.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.





No. 21

DEATH. OF RETURN

To the Clerk of the Town in which the Death occurred.

Ochtember 7",882	Chrow F. F. Any.	Church Street	Fernale Midmed	Mule	6 Years, Months, Days.				Survey of Hentholo Mas	Street M. Mouthly Misse	,	Syndona Wett.	Georaid droot	Codec.			Germonding Marie	Samon offers de		> 1 without 3, on at 1882.	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father	14. Birthplace of Mother,	15. Place of Interment,	Signature of Undertaker	the Return,	DATED at. Y WILL	

[Be very particular to fill all Blanks.]

[†] If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.





DEATH. RETURN

Clerk of the Town in which the Death occurred. the 10

Service Control of the Control of th	All Charles Comments				Years, Mouths, / Days.					The state of the state of		or Mas	Commence of the contraction	Charles Commission	- Xelin Low The ding	Ch. ye & 10, 21, 3	Crayleria in Service	The record four			5 , on 7 2 110 11 28 3.	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or Fust or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,	15. Place of Interment,	Cimentonia of Thodowtolon	or other person making	the Returney	DATED at A Chair Alich	* 1f a Marriad Woman or Wielow.

[Be very particular to fill all Blanks.]

[†] If other than white. (A.) African; (M.) Mulatto; (L.) Indian. If of other Races, specify what.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	AC Commed Tuine (100 ic
Date and Place of Death,	John 25 1883. Gill Change The way
or Cause Secondary,	Duration of,
I certify that to Name, Professional Title, and Residence,	he above is a true Return, to the best of my recollection and belief.
	Dated at 18

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1850.]

The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

A DEATH. No. 50.

To the Clerk of the Town in which the Death occurred.

Schwary 12", 1883	Sohwy M. Den Hohmy		Male (Midones)	C/1116.	85 Years, 5 Mouths, 3 Days.			C , W	Hair Luct Him King	Many Street History		Chelsea Misse	(Andrew &) Brothe borne	Mysel Den Wehmy	26 John L - 1 a lea Habbar Il de	Birthplace of Mother freezement Strand Land Com. A 2 16 m. Hick	Though how bounding	Sur merch the way		1, on of chrumy 13 1883.	
1. Dute of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, Bywhom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father L.	14. Birthplace of Mother Birth	15. Place of Interment, . C.	Signature of Undertaker	the Return,	DATED at 112 1120	* If a Married Woman or Widow.

8 2

[Be very particular to fill all Blanks.]

[†] If other than white. (4.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*		
Date and Place of Death, -	died at	187
Disease or Cause of Death, -	of	·····
I certify	that the above is true, to the best of my knowledge and belief.	···········
	sician	
	Date of Certificate,	187

^{*} Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the Genera. Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No.

RETURN OF A DEATH.

Clerk of the Town in which the Death occurred. To the

Moreh 11" 1883.	annie Floher mile	Charences a, Belley	Ferricale (Marriscol)	Mhile	2/ Years, Months, Days.	:			Monthing Steet	Moither oshoot		Charlottelinin J. E. Selano	Olegander Me Phos	Sauch my The			Wenther Som Comolory		Channer Oloy	on March 12th 1883	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed,	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,	15. Place of Interment,	Signature of Undertaker	the Return,	DATED at Mind	ed Moman or

[Be very particular to fill all Blanks.]

[†] If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in Which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	
	died at
Disease or Cause of Death, -	of Duration of Sickness
I contifu	that the above is true, to the best of my knowledge and belief.
1 terujy	that the above is they to the start of the s
	sician the form
Vame and Residence of Certifying Phy	
1	Date of Certificate, 12
1	Date of Certificate,
* Or Sex of Infant (not named).	

^{*} Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the proper Certificate has been burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been burial or removing the body. This certificate shall give such certificate or burial permit until the Certificate of the Cause of returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate in the hands of said Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

DEATH. RETURN

Clerk of the Town in which the Death occurred. To the

May 11"1883	& Houndah B. Flored	Humah Bethale	Ferrale (Midoned)	Thus.	78 Years, Months, // Days.			() ()	Myone Speed	There sheet		Your mas	Dannel Studio	Guereta Stulgis	Barnelatte Mace		Mintrop Jan Conalon	Summer Flord		Ja, on Mary 15 " 1883.
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother.	15. Place of Interment,	Signature of Undertaker	the Return,	DATED at MULLIANT

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Wislow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

ne and Sex of Deceased,	Hannah J.	loyel
e and Place of Death,	May 11 th Mi	Mule
ase, First or Primary,	Discount the he	art Duration of * Devoul ze
ath, Secondary,	Paralysis	Duration of, 5 clays
I certify that t.	he above is a true Return, to the be	est of my recollection and belief.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith turnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

Physicians may obtain Blank Certificates from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

Dait occurred at mercal of Hills of Hillory, Relevan May 29"1813. Dankee F. D. Mirson Dannol H. Dicknean 1) Le Mingon Mound Chillian Conston Houth Openiof no. 18- Minthal Le Years, Mouths, 21 Days. naco the Return, 30 188 3. Signature of Undertaker & Munner Horzel * If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatte; (L.) Indian. If of other Races, specify what, To the Clerk of the Town in which the Death occurred. maso DEATH. omerne Do. a, Jo lon male myno RETURN OF Date of Death, 3. Sex, and whether single. Married, or Widowed. Color, † Cause of | Secondary (if any) 6. Disease or [First or Primary Death, By whom certified (Maiden Name),* 14. Birthplace of Mother, 13. Birthplace of Father, 15. Place of Interment, Name, . . . 12. Name of Mother, 8. Place of Death, 10. Place of Birth, . 11. Name of Father, 9. Occupation, . 7. Residence, . 5. Age, . DATED at.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	famuel & Diokurson
	died at Mile The refe hory he. 1879,
Disease or Cause of Death, -	of
	that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Physics	ician M.S. Succe statt , with grantery
	Date of Certificate, a Alexander 187).

^{*} Or Sex of Infant (not named).

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

-11 11 11 11 1. 134 5'E

DEATH. A RETURN OF

- CT - A CONTRACTOR A SECTION

To the Clerk of the Town in which the Death occurred.

Jun 5"1883	Harleton Mymmail		Male	Thuse-	Months				Leuline Stroot Hough	The state of the s	: 1	Hertreto moss	Mess Comming	College College	The	Will that mass	6 Jour Co.	O C	Duning Haye	on demin la
1. Date of Death,	2. Name,	. (Maiden Name),*	3. Sex, and whether single, Married, or Widowed,	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother.	15. Place of Interment,	Signature of Undertalier	or other person making	DATED AT COUNTY

1883

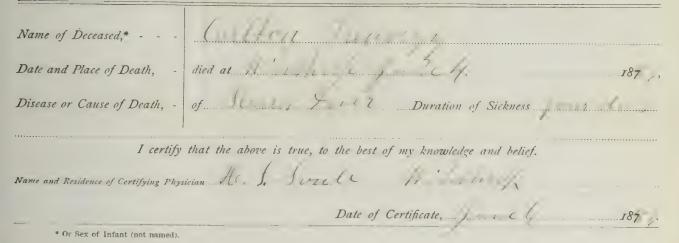
....., on...

^{*} If a Married Woman or Widow."

† If other than white. (A.) African; (M.) Mulatto, (I.) Indian. If of other Races, specify what, [Be very particular to fill all Blanks,]

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE.



Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF

No. 1

To the Clerk of the Town in which the Death occurred.

Stime 6 1883	Harred a. Tewagy		mi	Mule	' Years, // Mouths, /O Days.			(4)	Soulue Hook Houtings	Trulie Stool Winter	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mintered Mass	Juse B. Grungy	Coffee of Tremordy	Suny manic 1	Millingo mass	Wenthrof Jonn Consolow	Municipal Hand		without on bung 7th 1883.
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,	15. Place of Interment,		the Return,	DATED at Wolfer

...., on...

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. † If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, 'pecify what,

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	Harald A Freu ing
Date and Place of Death,	died a. 11 . altroje jene. 6 1883.
Disease or Cause of Death,	of Sulle Cof Miller Duration of Sickness junes (Com
I certify that the above is true, to the best of my knowledge and belief.	
Name and Residence of Certifying Physician H. S. SCIECE H	
	Date of Certificate, 1 1 11 11 11 11 11 11 11 11 11 11 11 1

^{*} Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

not Buch Hotal (A.) African; (M.) Mulatto; (L.) Indian. If of other Races, specify what, le (Married Which the Death occurred. erroun or exiassachusetts. Months,.... June 20 unner of DEATH rein marken ohn 6. [Be very particular to fill all Blanks.] mind Town in 3. Sex, and whether single. Married, or Widowed. Cause of | Secondary (if any) reon making of the Disease or (First or Primary By whom certified Signature of Undertaker * If a Married Woman or Widow. * Path obenied Birthplace of Mother, Birthplace of Father, (Maiden Name),* Place of Interment, To the Clerk Date of Death, Name of Mother, Name of Father, 10. Place of Birth, . Place of Death, M t If other than white. the Return, 9. Occupation, Name, . Residence, Death, 4. Color, † Age, DATED at. ?i 5 6. 7 [~ 11. 15.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE.

ne of Deceased,*	A she to Basis	
	died a. M. 2 46 2 / 2 1. 1	Ž.
sease or Cause of Death, -	of Ald Apl Duration of Sickness	
	that the above is true, to the best of my knowledge and belief.	
* Or Sex of Infant (not named).	Date of Certificate,	1.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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No. W

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

July 5" 1893.	Setter 6. Katury		tomale	Mule	Tears, // Months, Days.				177 Knope ton So Balon	Die Show Home (Wintrop		360 armed So Boelow	Land I Calife	Such & Testing	Then Hampeshiel	Com mass	Tocheler mass	The things		6, On July 6th 1883.
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or Fust or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,	15. Place of Interment,		the Return	DATED AL MANY

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow (A.) Mulabio; (I.) Indian. If of other Races, specify what,

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	Ether Elizabeth reating	Fernale Chilo (1 mos)
Date and Place of Death,		inthrop
Disease, First or Primary,		on of * 4 Days
or Cause { Secondary,	C 0 +	
of Death, Secondary,	Exhaustion Duration	on of,

I certify that the above is a true Return, to the best of my recollection and belief.

ame, Professional Title, and Residence, dwd. T. WWhany M.D. 1298 Week Y. N. Rey b

Dated at Sea Shore Home

1863.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith turnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

Physicians may obtain Blank Certificates from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

A DEATH. RETURN OF

No

To the Clerk of the Town in which the Death occurred.

July 1.3 "1883"	Wolla M. South		Finale Midned	Much	C. C. Xears, J. Months, J. Days.				Suligad of A	Therefore (Com spring)		Justond Of H	Josephy Toller	gold yother,	bull of I	Sull of the	Gullford ON H.	(Dunner Hagel		5. " on July 13 18883	s, spec	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single. Married, or Widowed.	4. Color, †	5. Аде,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	 Signature of Underlaker	the Beturns	DATED AT MUTTILL	* If a Married Woman or Widow, † If other than white, (A.) African;	

[Be very particular to fill all Blanks.]

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Winthrop, Mass. This Certifies that Phoda M. Smith aged 66 years and 2 months died on the 13th day of July 1883 Cause of death, Cancer For the best of my knowledge and belief. Saucel H. Dringin Mind.

and investigation after doubt vicini (statements on mox & based who his comman died wellowe apri in alteredance and my . S. 44.3. 'lou

When married, erase "single" and "widow"; when widowed, erase "single" and "married." Wes Fill out in ink.

DEATH TO THE CITY REGISTRAR. P RETURN

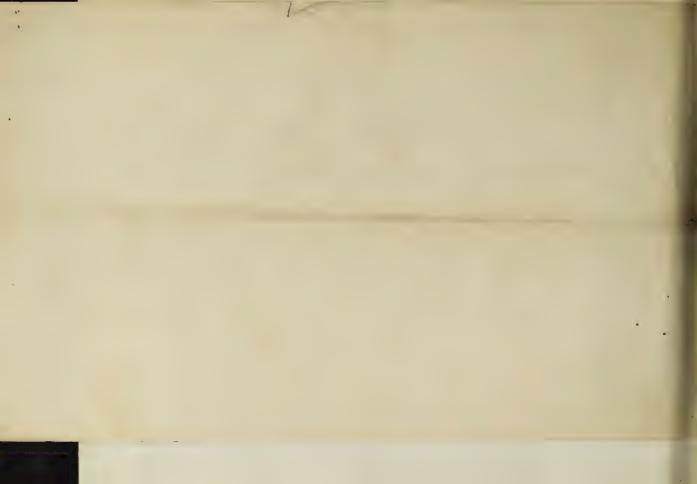
CITY HALL, BOSTON.	0
Date of Death, 1984.	2/6
ige	day
Place of death I huley It Great Howard	
esidenge while Sex, H Single, Married	arried
Scupation, Garpenley Wife of	
Sirthplace, * (Dockon Mysel Widgw of	
Jame of Father, Lygel- Municolned	
Name of Mother/Cherry	
Sirthplace of Mother, * & Youlywy W. G.	
Cause of Primary,	
Death Sccondary, A Duration,	
	,
Date of Interment or Removaly	2
	:

†State whether white or black.

*Insert Town and State.



This Certifies, That Mary Arumschied died on the 17 day of July 1883, aged 15 days. CAUSE OF) Primary, Cholera Infante Duration DEATH. | Secondary, Duration Physician.



DEATH RETURN

No.6

Town in which the Death occurred. the JO To the Clerk

Saly 22 The	John Shuph Samley		nale	· of rule	Y Years, X Mouths, 23 Days.			ET Williams M.D.	Brelin muse,	1		Solvi mass	Charles M. Amery	anne threey 2	gretans 1		Temperay depoil in	Jahr Red M.		DATED At Million on July 28 1883
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,	15. Place of Interment,	Signature of Undertaker	the Return,	DATED at Anthro

* If a Married Woman or Widow. † If other than white, (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, 'pecify what.

[Be very particular to fill all Blanks.]

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, Before the interment.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	Gotin with Hurley. Male Child cet. 3 weeks
Date and Place of Death,	Sea Shore Home, Winthook July 20th
Disease, First or Primary	Chulera Infantum Duration of, 6 days
Disease, or Cause of Death, Secondary,	Granition Duration of,
of Death, Secondary,	Duration of,
I certify that the	he above is a true Return, to the best of my recollection and belief.
Wame, Professional Title, and Residence,	Edward T. Williams M.D. 1274 Which I've regener
	Dated at Winthoop July 20 1383.

Be very particular to fill all Blanks.]

* Reckoned to the time of death.

1. . .

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith lumish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

DEATH. A RETURN

Clerk of the Town in, which the Death occurred. the To

July 2 4 11 33	Broang 4. Frond		gle. France le	C/42/2-	. J. Tears, 2 Mouths, 2 # Days.	/ mary	any)	. b	yours St. Mynthis	Meres St. Hunting		. Takere Hyros	& and Hard	Samah Hand			Thurter of stime to was	Lot-owned y havid	~ ×	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father, .	14. Birthplace of Mother, .	15. Place of Interment, .		Signature of Undertaker	~

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. † If other than white, (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, 'pecify what,

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.



PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	Martin	
Date and Place of Death, -	died at The fire of the The same of the Trans	1877,
	of	
I certify	that the above is true, to the best of my knowledge and belief.	
ime and Residence of Certifying Physical	sician Li Si Soriela Mis White	
* Or Sex of Infant (not named)	Date of Certificate,	18 € 5.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

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A DEATH. RETURN

No. 1 C

To the Clerk of the Town in which the Death occurred.

(Jug / 0 / 883	ethanere chanky		" " " " " " " " " " " " " " " " " " "	7/14/8 -	Years, Mouths, Days.				Colum Mass	& Show multing		(Sectario) Mass	Thurs offine	Quincell of hand	Though glessed	of tigothe It.	lendary & lead in Jour	10 Noch Janes.	(Human Hoyd		16, on (ly 2 2 1883.	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of { Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father, . : .	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	Simulation of Understalion	er other person making	the Return	DATED at William	A 16 Member of Members of A

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. The Alfrican; (M.) Mulatto; (I.) Indian. If of other Races, specify what

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	Francis Schautz.	male Chilo act.	4 mos.
Date and Place of Death,	aug 1st at Sen Sh	one Home Wintles	-of
Disease, First or Primary,	Dienhoea	Duration of,* Week	a .
or Cause Secondary,	Exhaustin	Duration of,	
	Dated at Wirthwest	U -	Cartan.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

Physicians may obtain Blank Certificates from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

DEATH. 0平 RETURN

To the Clerk of the Town in which the Death occurred.

copy 2	Center can Homen				30 Years, Months. Days.	Just Dreismany		mest N 6y Horris		20	27.0						mt Hape	Jose Lober me	0,
1. Date of Death,	2. Name,	. (Maiden Name),*.	3. Sex, and whether single, Married, or Widowed,	4. ('olor. †	ž. Age	(Disease or Cause of Death,	6. Duration of Sickness,	(By whom certified,	Residence	s. Place of Death	9. Occupation.	0. Place of Birth	1. Name of Father	2. Name of Mother,	3. Birthplace of Father.	4. Birthplace of Mother, .	5. Place of Interment	Signature of Undertaker or ofter person making the Return,	

^{*} If a Married Woman or Widow.

If of other Races, specify what, if other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, before the interment.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided.) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

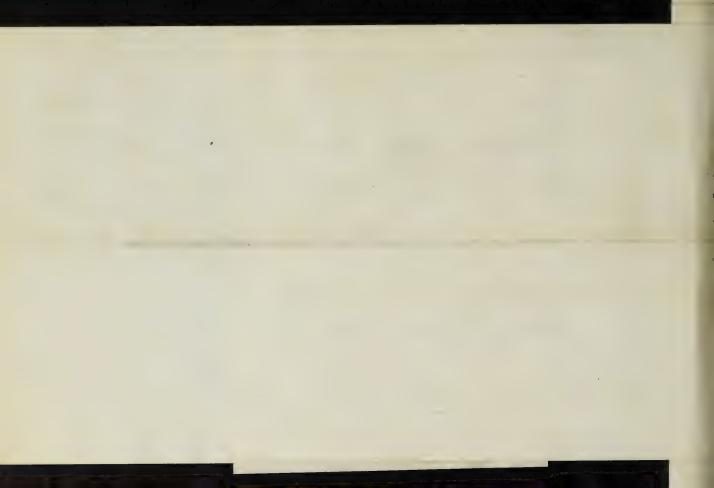
Blank forms of Returns may be obtained from the Town Clerk.

Vand Mit - 121 to Carturie Dolumen a bettace set that have bet feature & violety dank Eyes blue features sharps. - Mid Ynear Hack Winthrop ling 29 83 Dean under R. Eye land line high - Hair the breur Cheight. 6-2. Wh. 110. cage 30 -Dress - Please Genedice Barque & wirskh Nothings o sed thepe mened lesp Acocrafo hom.

Wh weth led wed (in the time) on ... helten toote - Wat cot. fil dracesons who wint & chemise. Bathish the Their corresphore hair - plaings is.
mig an mig funger of theme.
2 Sate, h'Sless. o . conce In. P. Res. plent pure -

Boston, Aug. 7th 1883 Jound great Head.

Januar Manuar Morrison Morrison dance Of the Contract of the State of the Sta day of aug. 1883, aged 30(3) years, months. days. CAUSE OF) Primary, (cide (?) DEATH. Secondary, Downing Duration Trancis A. Harris Physician.



OF A DEATH.	alhuma Mr. Somon	Fundal Married	Years, Mouths, Days.		Woodsiele au		Onen Meehan	O. W. Chalento	chiland Mare	1.0'Sulliva	1, on July 5 : 1883.
To the Clerk of the Town in	1. Date of Death,	(Maiden Name),* Sex. and whether single. Married, or Widowed.	5. Age, 78	Cause of		8. Place of Death,	10. Place of Birth,	12. Name of Mother,13. Birthplace of Father,	14. Birthplace of Mother,	Signature of Undertaker or Cherry Person making the Return,	

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. (M.) Mulatto; (I.) Indian (Mf of other Races, specify what.

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PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	laterial is a comple						
Date and Place of Death,	died at 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Disease or Cause of Death, -	of U. C. Duration of Sickness						
I certify that the above is true, to the best of my knowledge and belief.							
	Date of Certificate,						

^{*} Or Sex of Infant (not named).



Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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A DEATH RETURN

To the Clerk of the Town in which the Death occurred.

Gug 7:1883.	Land Ocerer.		mile Maried	ma	3 Years, Mouths, Days.			M. A. O. on I. A.	Chromite of Minney	Minterdo de Troutings	Garlebyler ,	(introdo formorly Obekera	y are Jak October.	(1) wingy Gelcher	of Arabamouly Cheson	Guttado trimento chece	Mittago eson beauti	~	^	5/e, on My 82 1883.
1. Date of Death,		(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or Fust or Primary	Cause of { Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	[0. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertalier	the Return	DATED at.

* If a Married Woman or Widow. If to Married Woman or Widow. If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

	David Belihan Mide
	Acusant 7"1883 Mintherefe Heus
Disease, First or Primary,	Gustin Bute it's Duration of, 11 (6.
of Death, Secondary,	Duration of,
I certify that to	he above is a true Return, to the best of my recollection and belief.
Name. Professional Title, and Residence.	Summer 1 1 sept 1/2

Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Dated at The Street Clery 4th 1383.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith Introish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	allan Ferguson.	male Chils act. 1 year
Date and Place of Death,	Aug. 14 83 Sea Sh	one Home, Wenter of
Disease, First or Primary,	Preumonia	Duration of,* 24 hours
of Death, First or Primary, Secondary,	aproved + asther	Duration of,
I certify that to Name, Prefessional Title, and Residence,	the above is a true Return, to the best of	f my recollection and belief. M.D. 2298 Wash "Sn. Rubuy.Bulu
Be very particular to fill all	Dated at Wutter	*Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith invalish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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A DEATH. OF RETURN

No

the Town in which the Death occurred. To the Clerk of

august 16	Clenichter of Sound	Thurstite Curi	manine	Win	38 Years, - Months, - Davs.				how Julk	Windling.	how only	hukmm	James of James	historium.	14	13	mund: Bushmy.		
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single, Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, Bywhom certified	7. Residence,	8. Place of Death,	9. Occupation,	9. Place of Birth,	1. Name of Father,	2. Name of Mother,	3. Birthplace of Father,	. Birthplace of Mother, .	5. Place of Interment,	Signature of Undertaker or other person making the Return,	

DATED at.

188

....., on....

^{*} If a Married Woman or Widow, † If other than white, (A.) Atrican; (M.) Mulatto; (I.) Indian, If of other Races, specify what,

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

A DEATH. RETURN OF

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	(Ruguet 16. 1883
2. Name,	Charlet 1 decriny
(Maiden Name),*	3
3. Sex, and whether single. Married, or Widowed,	VI I I I Washed
4. Color, †	
5. Age,	Sd Years, Months, Days.
6. Disease or First on Primary	
Cause of Secondary (if any)	
Death, By whom certified	
7. Residence,	The year of the
8. Place of Death,	Lax
9. Occupation,	
10. Place of Birth,	
11. Name of Father,	AND TO STATE OF THE PARTY OF TH
12. Name of Mother,	any in in.
13. Birthplace of Father,	Dering States
14. Birthplace of Mother,	11.
15. Place of Interment,	mit you have
Signature of Undertaker or other person making the Return,	May of Said
DATED at.	, on

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jamin F. Sm.th Undertaker PHYSICIAN'S CERTIFICATE. 51 Tremont St Boston Mass Name of Deceased, * - - Oficealitand, 60 oring died as Muling 1 1873, Date and Place of Death, -it a ming the winds received with received the second with the I certify that the above is true, to the best of my knowledge and belief. to the first of the service of the s Vame and Residence of Certifying Physician Date of Certificate, est 188 3. * Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Hugust 21-1883 Coul Mansheld To the Clerk of the Town in which the Death occurred. RETURN OF A DEATH. Sex, and whether single, Married, or Widowed, Date of Death, . (Maiden Name),* Color, † . Name, .

Years, 9 Months,

6. Disease or (First or Primar)

5. Age, . .

Cause of | Secondary (if any) Death, By whom certified

Gooten Man Dochtwophun Ex Summer Mansfield mania & "Souchester Mass

> Place of Death, Residence, .

9. Occupation, .

14. Birthplace of Mother, . 13. Birthplace of Father,

Name of Mother, Name of Father, Place of Birth, .

Place of Interment,

Cambridge chass

Signature of Undertaker of Oly (f. Chilthe or other person making) the Return, . . .

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F. Smith Bertaker PHYSICIAN'S CERTIFICATE. remont St on Mass Paul Mausfield e of Deceased,* - and Place of Death, died a. Ocean Spray Winthiofs 7 1883, se or Cause of Death, - of Meningitis Duration of Sickness 15 days I certify that the above is true, to the best of my knowledge and belief.

nd Residence of Certifying Physician

Samuel AD orgin 1112.

Date of Certificate, Quy- 22 1888.

or Sex of Infant (not named).

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A DEATH. RETURN OF

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THE THE

To the Clerk of the Town in which the Death occurred.

August 25 1882	Compres a Sulledury		male.	Thele	Y Years, Months, Days.	N. T. A. T. C. C. C.			of good of the township	Daggett SI to 1 10 resunt a		Guitago Maco	Gonge & Ventled my	mitte for a wallaboury	Witholo yours	Gret lesten mass	Murthrofe Jour Coursele		(Ouriner Hoyol		a monthered on Marked 25 1883.
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed,	4. Color, †	5. Age,	6. Disease or First or Primary	¥	Death, Bywhom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,	15. Place of Interment,	Signature of Undertaker	or other person making	the Return,	DATED AT MULTING

^{*} If a Married Woman or Widow. † If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

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Fredy entry that that ambose a. Tenteshing, aged of years, died at Wenthrop on the 25 th of C. Brooks, hr. G. Cause of death; Depathenia. Luratury outester; One work. angust 1883.



DEATH RETURN

which the Death occurred. To the Clerk of the Town in

Mans 126 1883	Man X madel	Sex. and whether single.	 Age,		Bally Mages	Sa Hone Mind	(18.16. 9.22.0)	J. micoll	My Brue of le	The man	inthemant I gon	Signature of Undertaker	the Return,
			Ë	5	1						15. Place of Interment,	22 7	-

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . Date and Place of Death, Disease, First or Primary, or Cause Secondary,	Many Drievell Female Chils Act. 7 ms Sea Shore How Winthrop Ang 2 6 1883 Cholina Varfantumouration of, 5 weeks Exhaustion Duration of,
I certify that to	Dated at Wurthoop Rug. 26th 1883.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith turnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXPRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

RETURN OF A DEATH.

To the Clerk of the Town in Which the Death occurred.

0)242N 11 "1883.	6 ha G. Bileher		Servale	Mile	2) touth or working, CHANGERAIN				Ministerofo &1.	Mundinale &		Monthoop & Monthoop	M. Aubtin Belohn	Hoya a Belehon	Mintered mass	Hyllebordraph of 74	This trop Jonn Combas	(Human Hoyd)		12873, on 28/11/3 1883.	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Oceupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother.	15. Place of Interment,	uker eing	t- Ht.		* If a Married Woman or Widow.

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PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	Eva G
Date and Place of Death,	died at
Disease or Cause of Death, -	of
I certify	that the above is true, to the best of my knowledge and belief.
Or Sex of Infant and remain	Date of Certificate,

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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DEATH RETURN OF

To the Clerk of the Town in which the Death occurred.

D'2/-14 863	De witte Commeter		otomare	June-	2 Years, & Mouths, 5 Days.				mining sold mit	Brund Sie Juin		Bay Buton more	Thomas of milling	Lame Jelling low	Ven Brunewill	The ree Edmind on my	Thenthan Some Concerne	201 1 single graves	The state of the s	The state of the s	t)
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of { Secondary (if any).	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	2. Name of Mother,	3. Birthplace of Father,	4. Birthplace of Mother.	5. Place of Interment,		Signature of Undertaker		

DATED at A COULT LUBY

1883

^{*} If a Married Woman or Widow, † If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, 'pecify what,

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PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	Hereitate garage 5
Date and Place of Death,	died a
Disease or Cause of Death,	of
	that the above is true, to the best of my knowledge and belief.
• Or Sex of Infant (not named).	Date of Certificate, Lef 4 15 187

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DEATH. A RETURN OF

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To the Clerk of the Town in Which the Death occurred.

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1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of { Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertaker	the Return,	DATED at	

^{*} If a Married Woman or Widow (M.) Mulatto; (I) Indian. If of other Baces, specify what, t If other than white, (A.) African; (M.) Mulatto; (I) Indian. If of other Baces, specify what.

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	altrin Solo Lordes		
Date and Place of Death,	Seft 28 1883 Wint	trep	
Disease, First or Primary,	Chalera Jufantum	Duration of,*	Udays
of Death, Secondary,	Juanition.	Duration of, 19	days

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence,

Dated at Mintherely Sept 29 the

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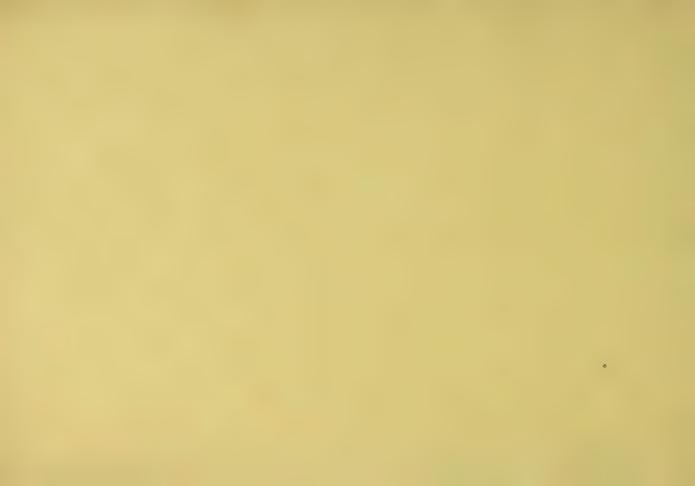
Smith Ree margin at left If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what Herean & - Wentho Tomale (Unmarried Mile nestrold mass Z Years, Months, Days. Course Hoyd 10., on 226 18"1813 House Servicant Mell "1863 Be very particular to fill all Blanks.] Gratalond Grand Saufand 1 mino poroun making Signature of Undertaker Secondary (if any) By whom certified 6. Disease or First or Primary Sex, and whether single. Married, or Widowed. 14. Birthplace of Mother, the Returny . . . 13. Birthplace of Father, No. Place of Interment, Name of Mother, Name of Father, (Maiden Name),* 8. Place of Death, For mme of Place of Birth, 1. Date of Death, 9. Occupation, Cause of Residence, Death, DATED at. 4. Color, † 5. Age, . Name,

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must routing the Notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Boston, 12 Ca 18 th 1883 This Certifics, That Mary Lismith died on the 18th day of Dice. 1883, aged 23 years, months ...days. CAUSE OF Primary, Lehthura Duration 12 clays DEATH. Secondary, Paralysis Duration g. B. Robinson Physician.







DEATH

NO.4.

To the Clerk of the Town in which the Death occurred.

Lancon on I	() Garah 13 Cher	•	Sex, and whether single.	Colombiants, con.	r Primary	Secondary (if any)	By whom certified	Com Shool Junear	Care O' without		Warn Sheed mutanto	my Speller Christing.	(Canas In Cone		:		rtaker.	a with person making (Collmana Shayor)	
		(Maiden Name),*	whethe		6. Disease or First or Primary	Cause of Second	Death, Bywh	Residence,	8. Place of Death,	9. Occupation,	Place of Birth, .	Name of Father,	2. Name of Mother,	3. Birthplace of Father,	4. Birthplace of Mother,	Place of Interment,	e of Un	person	the Return,

DATED at Carl (LL

...., on.....

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. (M.) Mulatto; (I.) Indian. If of other Kaces, pecify what.

Clerk. Penalty for nade and nty dollars,

In case of nine and taking place, without the Certificate of Registry of the Clerk of the Town in which the 'cara a arred (or the dezeased resided) having first been obtained, the person having charge of such for any timust forthwith give notice thereof - or report these facts - to said

Blank torn a few Voturns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	, , <u>(</u> ,	
Date and Place of Death,	died at the suff	187 4,
	of	
	that the above is true, to the best of my knowledge and belief.	•
Name and Residence of Certifying Phy	sician	·• ···
	Date of Certificate,	187

^{*} Or Sex of Infant (not named).

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DEATH. OF RETURN

To the Clerk of the Town in which the Death occurred.

February 28" 884	Chinapil Farfield	abyan't Andrewa	Semale		6. 3 Years, Mouths, Days.		7	Se S	sturnent St. Mintings	Tace of Death, Furnant St. Wintraffe		Good Trace	Even Undern	Dueannah andrene	Will Trace	Course mass	- Kenaich mass	1 Summe Stage	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single. Married, or Widowed.	4. Color, †		6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,		her, .			Signature of Undertaker	the Return.

DATED ALL

O, on (O)

^{*} If a Married Woman or Widow. + If a Married Woman or Widow. (M.) Mulatto; (I.) Indian, M. of othey Races, pecify what. [Be very particular to fill all Blanks.]

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PHYSICIAN'S CERTIFICATE.

Date and Place of Death,	died as it is the function of Sickness	. 187 4
	that the above is true, to the best of my knowledge and belief.	187

^{*} Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

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A DEATH. OF RETURN

No. X

To the Clerk of the Town in which the Death occurred.

100/21/11	() we () () be		Ferrial (, , , , , , , , , , , , , , , , , , ,	Years, Mouths, Days.					(1	<i>†</i>	(1) (1) (1)	Charles Q : Co			2 6 7 6 7 1 C	() () () () () () () () () ()				, on 188/	ANTALACTOR (INTENSION If of other Races, sneetfy what
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, Bywhom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertaker	or other person making	the Keturn,	DATED at. C. C.	* If a Married Woman or Widow.

[[]Be very particular to fill all Blanks.]

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

No

RETURN OF A DEATH.

occurred. which the Death To the Clerk of the Town in

48		7	γ,		Years, Months,Days.													
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,	15. Place of Interment,	Signature of Undertaker or other person making the Return,

* If a Married Woman or Widow.

DATED at

187

....., on

[Be very particular to fill all Blanks.]

[†] If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	· · · · · · · · · · · · · · · · · · ·
Date and Place of Death,	died as
Disease or Cause of Death, -	of Duration of Sickness
	that the above is true, to the best of my knowledge and belief.
* Or Sex of Infant (not named).	Date of Certificate, 11 1 1 187

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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Massachusetts. Commonwealth of

DEATH A RETURN

Death occurred. Town in which the To the Clerk of the

to ist	Timesor/Bue		3.2.7	-711	S. Years, S. Mouths, Days.			, , , , , , , , , , , , , , , , , , , ,	. C. t. 96 d. J t.	in the state .	Mile Dugain		De 11/4-	1. 2 /4 /6/	of the constant		19 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of { Secondary (if any)	Death, By whom certified		8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother.		

DATED at 1

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, on L 1 LA

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Signature of Undertaker

person making

the Return,

^{*} If a Married Woman or Widow. (M.) Malatto; (I.) Indian. If of other Baces, 'pecify what, t If other than white. (A.) African; (M.) Malatto; (I.) Indian. If of other Baces, 'pecify what,

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith Give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	Cd'
Date and Place of Death, -	died at 4. 4. 4. 4. 187 ,
Disease or Cause of Death, -	of
	that the above is true, to the best of my knowledge and belief.
* Or Sex of Infant (not named).	Date of Certificate,

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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Communicalth of Massachusetts.

DEATH. A RETURN OF

To the Clerk of the Town in which the Death occurred.

					Years, Mouths, Days,					7	·	41.00			2		The state of the s		, on , on , see 188 · /	(M.) Mulatto: (I.) Indian If of Adhaw Doces
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed,	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,	15. Place of Interment,	the Return,	DATED at.	* If a Married Woman or Widow.

[Be very particular to fill all Blanks.]

une B db. V.

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

me and Sex of Deceased, .	Mrs. Jane B. morse.	
Date and Place of Death,	may lat. 1884, Mith	20/1, 921 11.22 a.
Disease, First or Primary,	Pysemia Durai	tion of, # 9 wish
Cause Secondary,	Preumonia 10 Duran	tion of, b light 2-
age 69 i	sears, 9 months and to da	
I tertify that I	he above is a true Return, to the best of my recollection	
ame, Professional Tille, and Residence,	4. E. Tirkently J. D. W. T.	hod, yeass.
	Dated at	

Be very particular to fill all Blanks.]

^{*} Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

DEATH. RETURN

To the Clerk of the Town in which the Death occurred.

DATED at.

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. † If other than white, (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . Date and Place of Death, Disease, First or Primary, or Cause Secondary,	Elejahan lining	Duration of,
I certify that to	he above is a true Return, to the best of Dated at	my recollection and belief. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith turnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

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Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

	J. 1	· .		·	Years, O Mouths, & Days.						,)) · (, · · · ·) · (, · · · ·)		, on , [///// 188/
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother	15. Place of Interment,	Signature of Undertaker	or other person making	the Keturn,	DATED at

188/

^{*} If a Married Woman or Widow, / t If other than white, (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, 'pecify what,

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	
	died at
Disease or Cause of Death, -	of Duration of Sickness
I certify Name and Residence of Certifying Phy	that the above is true, to the best of my knowledge and belief.
	Date of Certificate,

^{*} Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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Massachusetts. TA HILLMANNAMANIA

DEATH. A RETURN OF

To the Clark of the Town in which the Death occurred.

					65 Years, 6 Mouths, Dave	A Court	101	turke C. H.	, x			Sandan II. It		Polari C. C. a.	S. S. S.	* * * * * * * * * * * * * * * * * * *	1 1 1 1			6, on 188
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertaker	the Return,	DATED at

^{*} If a Married Woman or Widow.

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Besten, June 12th 1884 This Certifies, That Hannuel Ingalls died on the 12th day of June 1884, aged 65 months. days. CAUSE OF Primary R. Accident Duration DEATH. Secondary Internal Harmon Duration Physician.



DEATH.

which the Death occurred. the Town in Clerk of the To

-i	Date of Death,	~ >(1x0/9"/
અં	Name,	was in Hin th
	(Maiden Name),*	1
က်	Sex. and whether single. Married, or Widowed.	
4	Color, † · · · · ·	0
5.	Ağe,	To Years, & Mouths, Days.
6.	Disease or First or Primary	
	Cause of Secondary (if any)	
	Death, By whom certified	
5	Residence,	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
∞	Place of Death,	1 4.1.1. O. C. C. T. 4.
9.	Occupation,	() (())
0	Place of Birth,	
-	Name of Father,	To the State of th
ci .	Name of Mother,	1. (1.) 1.) 1. 1. 1.
ಣೆ	Birthplace of Father,	
-4	Birthplace of Mother.	X.
5.	Place of Interment,	7 11 11 11 11
	C. T. J. J.	
	or other person making	
	the Return;	
)AT	ATED at / / / Lid	, on De, 14 9 6 188
-	36. 0	

^{*} If a Married Woman or Widow.

† If other than white, (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, 'pecify what. [Be very particular to fill all Blanks.]

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

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In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	* 6 217	(7) Vale)
Date and Place of Death,	Dittheof Mia 2 June 19	:: 74.
Disease, First or Primary,	,	Duration of,*
or Cause { Secondary,	Plethings Palmonalis	Duration of, Little .
I certify that the Name, Professional Title, and Residence,	Dated at Multiple	
[Be very particular to fill all	Blanks.]	* Reckangel to the time of doubt

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith turnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1850.]

The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

Physicians may obtain Blank Certificates from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

NO.

DEATH. A 0 牙 RETURN

To the Clerk of the Town in which the Death occurred.

,	Andrice Line		S Years, / Months, Days.				79: 1: 1									
I. Date of Death,	2. Name	(Maiden Name),*	1. Color, †	Disease or Cause of Death,	By whom certified,	7. Residence	S. Place of Death,). Occupation,). Place of Birth,	. Name of Father	2. Name of Mother,	3. Birthplace of Father, .	1. Birthplace of Mother,	5. Place of Interment,	Signature of Undertaker or other person making the Return,	

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Darrin at

Be very particular to fill all Blanks.

^{*} If a Married Woman or Widow.
i If other Laces, specify what,

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, before the interment.

Town in which the Death occurred, (or the deceased resided.) having first been obtained, the person having charge of such Interment must configurate notice thereof—or report these facts—to said Clerk. Penalty for reglect, twenty dollars.

Blank forms of Returns may be obtained from the Town Clerk.

Janus Janus

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -Date and Place of Death, - died at 19 20 11 188 4. of The bercula In winget Duration of Sickness ? 11. 12) Disease or Cause of Death, -I certify that the above is true, to the best of my knowledge and belief. a ance to it is a since Name and Residence of Certifying Physician,

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes, ISS2.]

"SECT. 3.—A Physician who has attended a person during his last illness, shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same."

"SECT. 5.—No human body shall be buried, or removed from any city or town, until a proper certificate has been given, by the clerk or registrar, to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the Physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar."

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DEATH. A RETURN OF

To the Clerk of the Town in which the Death occurred.

, frey 6-1552	Deseta Mother	Rasita Falls	Mineral Comment		Y Y Y Lears, Months, J Days.			Dr claule	Jehr of your	Minthal	15.	Pilere	Danit Fell	Hanneh Halle	i Merina	Marie	- Characa	mon Cherrillo	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	3. Disease or First or Primary	Cause of { Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	. Place of Birth,	. Name of Father,	2. Name of Mother,	3. Birthplace of Father,	4. Birthplace of Mother,.	5. Place of Interment,	Signature of Undertaker or other person making	

, on

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DATED at.

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4 1887.

^{*} If a Married Woman or Widow. t If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

A DEATH. RETURN

To the Clerk of the Town in which the Death occurred.

	. M. M			1 24 (2	6 Nears, Mouths, Days.				The on 1 1. I to	dia unity of Mit	. Lyrang	Thent of I was	Chewar / min	To your in	Thinking ho maso	Musthall	1. 1. 4. 3/1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		し、かない ころか ~		, on 188
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed,	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	5. Place of Interment,	0	or other person making	the Return,	JATED at

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. (M.) Mulatto; (I.) Indian. If of other Races, specify what,

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Blank forms for Returns of Deaths may be obtained from the Town Clerk.

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PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	, /
	died ae
Disease or Cause of Death, -	of
I certify	that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Phy	sician
	Date of Certificate,

^{*} Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

the Town in which the Death occurred. To the Clerk of

- X41. 2. 51.4	State Cirin				Years, O Mouths, Days.				1000	2				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		8		Time to Find	7: 10 - 11:0	1.3, on 188./
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, Bywhom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother	15. Place of Interment,	Signature of Undertaker	or other person making the Return	DATED at.

^{*} If a Married Woman or Widow. † If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Vellei CEmmer

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, Before the Interment.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	nelly O'Co	nusoz,	Jemale	
Date and Place of Death,	Sea stone home	. Min	thep heart.	hily 20 = 1884.
Cause Secondary,	multiple also		Duration of,*	
I certify that the and Residence,	The above is a true Return, to		my recollection and bel 1112. 1206 phases June	ief. 1884.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

Physicians may obtain Blank Certificates from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

Fill out in ink. When

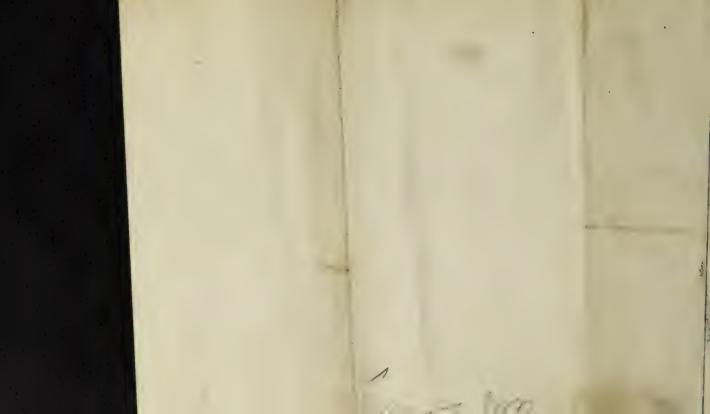
When married erase "single" and "widow"; when widowed, erase "single" and "married."

RETURN OF DEATH TO THE CITY REGISTRAR. CITY HALL, BOSTON.

C days Married. Color, t ~~. WARD WARD Sex, // Single, Duration Duration, Wife of Widow of Date of Interment or Removal Undertaker or Informant, Death Secondary, Birthplace of Mother, Birthplace of Father, Cause of Primary, Place of Interment, Name of Mother, Name of Father, Street and No. Place of death Date of Death Birthplace* Occupation, Residence, Name, Age

*Insert Town and State.

+State whether white or black.



Boton, Mich 1/2 1884 This Certifies, That Mephen A. Wyken died on the 2 day of Areg. 1881, aged मुख्यांड, Madays. 1 months CAUSE OF \ Primary, Duration DEATH. | Secondary, Duration Physician.



No

A DEATH. RETURN OF

To the Clerk of the Town in which the Death occurred.

The City		Years, (Mouths, Days,		The Thore Home	Parler.	Journa L	Caliar	James Colle
1. Date of Death,	3. Sex, and whether single. Married, or Widowed,		Cause of Secondary (if any) Death, By whom certified 7. Residence,	8. Place of Death, 9. Occupation,	10. Place of Birth,11. Name of Father,	12. Name of Mother,13. Birthplace of Father,	14. Birthplace of Mother,15. Place of Interment,	Signature of Undertaker or other person making the Return,

DATED at.

187

...., on.

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. † If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

e and Sex of Deceased, . Date and Place of Death,	Richard Read Sea Shore tome Phinthrop, Ma	male.
Disease, First or Primary, or Cause Secondary,	Strart Disease	Duration of, 3 mos.
	Dated at	D. Richmy Daton

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith Intraish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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When married erase "single" and "widow"; when widowed, erase Wer Fill out in ink.

"single" and "married."

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

Color,†	days	WARD	Married.	dower	
Color,†	20	W	Single,	Wife of Widower	
	Months .	ray	Residence 25 Un wir Pk , Sex, Nu Single, Married.	Wife	Widow of
Date of Death, Ang. 18th	80	Place of death (Cesan Shray.	, , , , , ,	Soston	ann (1)
Sugar	years	Weean	In con 7	# Como	ihngh
of Death,	0	of death	nce 25 6	ation, Len	lace* Nh
Date Name,	Age.	Place	Reside	Occup	Birthp

lermon Birthplace of Father,* Name of Mother,

Name of Father,

Birthplace of Mother,*

Cause of Primary,

Duration.

Death Secondary. Place of Interment,

Date of Interment or Removal,

Undertaker or Informant,

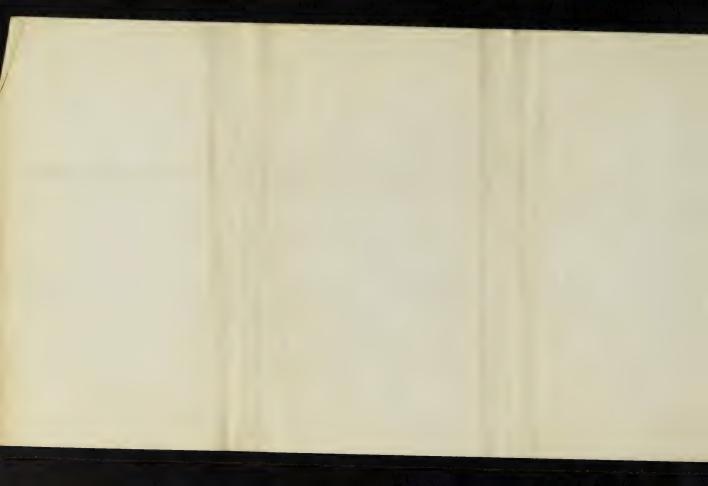
+State whether white or black.

*Insert Town and State.

18. 34 V

Boston, ang 18 14 1884 This Certifies, That Ariel / Slodgell died on the 1.8th day of ling 1884, aged 81 years, 8 months, 20 days. CAUSE OF Primary, Cold Duration
DEATH. Secondary, Congestion Glimpuration 3 days. Haeleson Physician.

106 1. 1040 1 1



A DEATH. OF RETURN

No. 1.

the Town in which the Death occurred. To the Clerk of

1 (1111) 12 21/11/11	Thursday Intellige		Theres !! in	11	Y Years, / Months, c., Days.	~		/ -		Gilling with the stand	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	the Distriction	, , , , , , , , , , , , , , , , , , ,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·		no 188
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Åge,	6. Disease or First or Primary	Cause of { Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother, '	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	 Signature of Undertaker	the Return,	DATED at

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. † If other than White. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Vame of Deceased,*	Manage Soletter	
	died at	187.4
sease or Cause of Death, -	of Duration of Sickness	
	that the above is true, to the best of my knowledge and belief.	
	Date of Certificate,	

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and he date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing to burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 1

DEATH. A

To the Clerk of the Town in which the Death occurred.

Que wo 12 7 1551			2) / / /	V.1.11	Years, Months, Days.						``	the wind of					million in the			2, on Cuyun 1 1884
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother, M.	13. Birthplace of Father	14. Birthplace of Mother,	15. Place of Interment,	Signature of Undertaker	the Return,	DATED at

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Wislow. † If other than white, (A.) African; (M.) Mulatto; (I.) Indiah. If of other Races, specify what,

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PHYSICIAN'S CERTIFICATE.

ime of Deceased,*	
	died at 1
sease or Cause of Death, -	of Duration of Sickness
	that the above is true, to the best of my knowledge and belief.
* (): Sex of Infant (not pamed).	Date of Certificate,

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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DEATH. V OF RETURN

To the Clerk of the Town in which the Death occurred.

2 cpt 13-1851	maí. Dr	3. 7 Years, Months. Days.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		LA TANK	() ray ch in		The state of the s	7 7 7 7	77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Service Concepts	, on
1. Date of Death, 2. Name,	(Maiden Name),* 3. Sex, and whether single, Married, or Widowed, 4. ('olor. †	J. Age.	Duration of Sickness, .	(By whom certified,	Residence, s. Place of Death,	9. Occupation,	0. Place of Birth,	1. Name of Father,	2. Name of Mother,	3. Birthplace of Father, .	4. Birthplace of Mother, .	5. Place of Interment	Signature of Undertaker or other person making the Return,	DATED at

2

^{*} If a Married Woman or Widow.

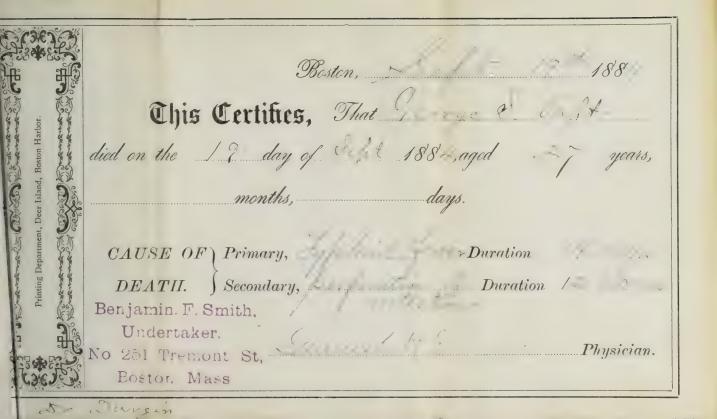
† If other Races, specify what.

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In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms of Returns may be obtained from the Town Clerk.

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Ger 6 Ja -

A DEATH RETURN OF

To the Clerk of the Town in which the Death occurred.

201 1 1884	Phele of Paylor	(13a her	Wedown		Mouths, Days.	Disease or First or Primary Warran Ourse		By whom certified Mt / Treard M. J.	Mulyard mass	withson	muse Teneka.	N Solora Uly	of the Marketon and the said		112 Siver ~ 117	Heelfund My	method offers	Signature of Undertaker (Correl V.		DATED at. Well his My, on Lily 22 1827
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Аде,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertaker or other person making	the Return,	DATED at Mauf hs

M, on Juk XX

^{*} If a Married Woman or Widow.

* If a Married Woman or Widow.

* If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

de 21

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - Viver Me Einjus Date and Place of Death, - died al finition - Licies . 22 sternes - 2/21- 1884. Disease or Cause of Death, - of Ovarian Sunt Duration of Sickness Liefe I certify that the above is true, to the best of my knowledge and belief. Name and Residence of Certifying Physician I. J. L. Brush. 115 Boylston St. 1808ton Wills Date of Certificates My. 1- 22 1884 *Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes, 1882.]

"SECT. 3.—A Physician who has attended a person during his last illness, shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died,

"SECT. 5.—No human body shall be buried, or removed from any city or town, until a proper certificate has been given, by the and the date of his decease, as nearly as he can state the same." clerk or registrar, to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the Physician, if any, in attendance at the last sickness of the

[If there has been no physician in attendance, or in case of death by dangerous contagious disease, or in any other event when the deceased, and placed in the hands of said clerk or registrar." certificate of the attending physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the Board of Health, or any physician employed by any city or town for such purpose, shall, upon application, sign the certificate of the cause of death, to the best of his knowledge and belief. In case of death by violence, the medical examiner attending shall furnish the requisite certificate.]

Fown in which the Death occurred.	48 mo . ,	1 anna's auge	List	this c	,	72 Years, 6 Months, Days.	·.»,	Hom	R. 1. 5 . (11.1)	illetic min	inthus, "		Tour main					listra missi			10 1, on Line 1 18 18 18 18 18	(I.) Indian. If of other Races, specify what.
To the Clerk of the Town	1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single, Married, or Widowed,	1. Color, †	5. Age,	(Disease or Cause of Death,	6. Duration of Sickness, .	(By whom certified,	7. Residence,	S. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father.	14. Birthplace of Mother, .	15. Place of Interment,	-	or other person making the Return,	DATED at Win Cic.	* If a Married Woman or Widow. † If other than White. (M.) Mulatto. (

[Be very particular to fill all Blanks.]

1 The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, before the interment.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred. Or the deceased resided.) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

13 Blank forms of Returns may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

re of Deceased,*		
and Place of Death,	died as	187
ise or Cause of Death,	of	
	······································	
I certify	that the above is true, to the best of my knowledge and belief.	
* Or Sex of Infant (not named).	Date of Certificate,18	87 .

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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No. 1

A DEATH OF

To the Clerk of the Town in which the Death occurred.

February 20", 1885.	Withwell Hollwood		male	Maile,	Acted & Machine, Informed.	Just a supply of the supply of	Jan Joy Sain & M		Hustrop mass	Hear who Suces		Hinthoop mas 2	artur . H. Ulwood	many a Unood	Kindrail Jona	Ogelow. Mass	Houthook Jonin Comolors		Marros Hay		6 , on , Jehman 21 1885.
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed,	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,	15. Place of Interment,	Signature of Undertaker	or other person making	the Return,	DATED AL MEMENTOS

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow, t If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

The Undertaker, or other informant, is requested to report the facts --- together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

archus H. alwood	in Ulya mas-
	Duration of,* () lill han /
	st of my recollection and belief.

very particular to fill all Blanks.]

^{*} Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith turnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

A DEATH. RETURN

the Town in which the Death occurred. To the Clerk of

1400ch 25 185 -	Chandler Onether		Males Transical	11.10	Years, Mouths, Days.				Salate Single Single Si		13 sec 1 5:00 1/2 -	1	3 2	Course of Congle			() () () () ()			, on 12 188)
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother.	15. Place of Interment,	Signature of Undertaker	the Return,	DATED at (the start

[Be very particular to fill all Blanks.]

s, 'pecify what, * If a Married Woman or Widow. (M.) Mulatto; (I.) Indian. If of other H t other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other H

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PHYSICIAN'S CERTIFICATE.

of Deceased,*		
	died at 18%	3,
se or Cause of Death, -	of Soldings Splan Duration of Sickness	
	that the above is true, to the best of my knowledge and helief.	
* Ou Say of Indant (not not not not not not not not not not	Date of Certificate,	5.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registrate of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have be returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of a clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

A DEATH. RETURN OF

To the Clerk of the Town in which the Death occurred.

1624. 28 7835	Hobra Bicalia				Mouths,Dav&				(A)						9,1,1,0						(2), on [1111] 3/ 1885.	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertaker	or other person making	the Return,	DATED at	* If a Married Woman or Widow.

[Be very particular to fill all Blanks.]

[†] If other than white, (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

	Vame of Deceased,*							
ı	Date and Place of Death,	died as 4 4						
	Disease or Cause of Death, -	of						
I certify that the above is true, to the best of my knowledge and belief. ame and Residence of Certifying Physician Date of Certificate.								
ı	* Or Sex of Infant (not named).	* Or Sex of Infant (not named).						

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

A DEATH. RETURN

Town in which the Death occurred. the Clerk of To the

25 " " " " " " " " " " " " " " " " " " "	Hate H				Years, Mouths, Davs.				Lane 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1								Demante maso		, on (27 1883.
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,	15. Place of Interment,	Signature of Undertaker	the Return,	Dated at

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow, † If other than white, (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

	Kalie Holines (female) age monther
	Browhial Premnouna Duration of, I'l hours
I certify that to	he above is a true Return, to the best of my recollection and belief. Leo E. M. Cartley of Printers, Plants. Dated at 11885.

very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith turnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1850.]

The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

Physicians may obtain Blank Certificates from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

DEATH A OF RETURN

occurred. To the Clerk of the Town in which the Death

			<i>J</i> .		2 Years, Months, Days.	-		,			>	8,7%			77.		1		South		
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single. Married, or Widowed,	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, Bywhom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	1. Name of Father,	2. Name of Mother,	3. Birthplace of Father,	4. Birthplace of Mother,	5. Place of Interment,	1.	Signature of Undertaker	the Return,	ATED of

^{*} If a Married Woman or Widow. † If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, before the interment.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE.

ame of Deceased,*	and the facility of the	
Date and Place of Death,	died as M. : 4/ 1/2	. 189 .
Disease or Cause of Death,	of (.: 2. 2 . 1. 1. 1. 1. 1. 1. 1. 2. Duration of Sickness	Jack y to low E.
	that the above is true, to the best of my knowledge and belief.	
* Or Sex of Infant (not named).	Date of Certificate,	

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

A DEATH. RETURN

To the Clerk of the Town in which the Death occurred.

may 19 " 56 5"	Modernes > Stone		tening.		3 / Years, _ Months, _ Days.				Jeen The Manage	There are nounced		× ×		Z					
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father	14. Birthplace of Mother	15. Place of Interment,	Signature of Undertaker or other person making the Return,	

....., on

[Be very particular to fill all Blanks.]

DATED at.

^{*} If a Married Woman or Wislow, † If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

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In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Days. occurred 632 (L Months, Sedik DE Towns RETURN the Sex, and whether single, Married, or Widowed. Disease or [First or Primary Secondary (if any) By whom certified JO Birthplace of Father, (Maiden Name), To the Clerk Date of Death, Name of Mother, Name of Father, Place of Death, Place of Birth, Cause of { Occupation, Residence, Death, Color, † Name, Age, 8 60 4 6. 5 00 6 11. 12. 10. 13

on.... the Return, DATED at.

person making

Signature of Undertaker

Birthplace of Mother, .

14.

Place of Interment,

188

Be very particular to fill all Blanks.

^{*} If a Married Woman or Widow,

⁽A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what, t If other than white.

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . Date and Place of Death,	July 3, 1883	
Cause Secondary,	Appununa	Duration of,* / week
	Leo. E. M. Carthyding. Dated at Minthey	Mittuop Seass.
very particular to fill all	Blanks.]	* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—fortheith turnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATURES, 1839.]

The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the ease to the Town Clerk.

Physicians may obtain Blank Certificates from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

DEATH. A RETURN

occurred. Death which the the Town in To the Clerk of

The state of the s	Hamet Hubert	(Julli)	Hunals Midow	White	63 Years, 5 Mouths, Days.				Muther	Laura (Magn		1 Dollar & Mail.	Thur I hully	Salusi "	Godfor Mail.	<i>d.</i>	Daubrdge Bun	M. Brown	July 13 de 1885
. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of secondary (if any)	Death, Bywhom certified	7. Residence,	8. Place of Death,	9. Occupation,	0. Place of Birth,	1. Name of Father,	2. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertaker or other person making the Return,	The state of the s

* If a Married Woman or Widow. † If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Printhesto, July 13 ch 1885. This Certifics, That I arrive Fillers died on the 12 th day of July 1885, aged 63 years, months, days. CAUSE OF Primary, Rleumotism Duration DEATH. Secondary, Heart Placer Duration Jee- (3 Mi hartly Physician.



No.

DEATH. A RETURN OF

occurred. To the Clerk of the Town in which the Death

369/11/8/15	Osmha 7. O. Lein		1. S. C.		Years, Mouths, Days.	X.()	(A)	3 1 1 1 P	Monday Beer	The second second				(1) 2/ July 12 / 1/2 (1)	(3) (2) x2 t				eg Lewis The		1883.
Date of Death,	. Name,	(Maiden Name),*	Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	3. Disease or First or Primary	Cause of Secondary (if any)	Death, Bywhom certified	7. Residence,	8. Place of Death,	9. Occupation,	0. Place of Birth,	1. Name of Father,	2. Name of Mother,	3. Birthplace of Father, .	4. Birthplace of Mother, .	5. Place of Interment,	Cranding of Tindowtolo	or other paren making	the Return,	40 434

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. (T.) Mulatto; (L.) Indian. If of other Races, specify what.

Just me

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*	Luis to Aller	
	died at Min 4 La rope in the	187',
Disease or Cause of Death, -	of Black Line Duration of Sickness	
I certify	that the above is true, to the best of my knowledge and belief. Sician Date of Certificate,	
* Or Sex of Infant (not named).	7	

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

NO. /

DEATH. A RETURN

Death occurred. Clerk of the Town in which the To the

July 22"/8:5-	many 2. Sice Jangil		Feriale	22,12	Tears, Months, Days.	Chapman			11.00	12, 6 14TI				9	Sal	C'11 (Sanding - in Som of		, on
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother.	15. Place of Interment,	Signature of Undertaker or other person making the Return,	DATED at 7

^{*} If a Married Woman or Widow. † If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, 'pecify what.

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PHYSICIAN'S CERTIFICATE.

me of Decoased*	11 1 1 1	
	died at Mingh wife of 1. 1. 1. 1.	187-7,
\	of Lot Ce 151. In fact Duration of Sickness	
	ician	
* Or Sex of Infant (not remed)	Date of Certificate,	187 3.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

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If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event when certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Box Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the b clerk or local registrar." his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

DEATH. RETURN

To the Clerk of the Town in which the Death occurred.

3 /deta 13 Moorn	findle.	Hair	Days. Months, Days.	Hilling Mall.	This of The) Jachunest	Millialuam / las	Made.	June field flee	M. C. Brun	0	1 , on huly 22 - 1, 185.
1. Date of Death,	(Maiden Name),* 3. Sex, and whether single.	Married, or Widowed,	5. Age,	Death, Bywhom certified 7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	12. Name of Mother,	15. Place of Interment,	Signature of Undertaker	the Return,	DATED at 1 willed

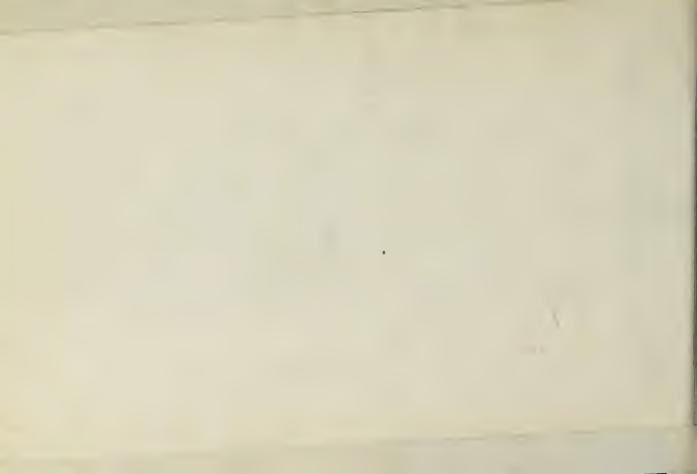
[Be very particular to fill all Blanks.]

If of other Races, specify what. * If a Married Woman or Widow.
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian.

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Wenthur 1 July 22 m 1887. This Certifics, That Walter B. Morris died on the 22 day of July 1885, aged 75 years, f months, DEATH. Secondary, Copolity Duration 3 days S. H. Durgine. Physician.



ATH. DE OF RETURN

the Clerk of the Town in which the Death occurred. To

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5. Age,

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7. Residence

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10.

Date of Death,	Smother michalle
Name,	Rate July 22", 1885-1
(Maiden Name),*.	
Sex, and whether single, Married, or Widowed,	
Color, †	Min-
Age,	Years, S Months, Days.
Disease or Cause of Death,	Mr. Villare
Duration of Sickness, .	
By whom certified,	
Residence,	G favor Portrug
Place of Death,	I there mithy
Occupation,	
Place of Birth,	Breton
Name of Father,	
Name of Mother,	Buthance Mchathy
Birthplace of Father, .	
Birthplace of Mother,	Flush
Place of Interment,	legelang
Signature of Undertaker	The state of the s
the Return,	
ED at Miller	July 23" 186

DATED at

15.

133 14.

1.5

Be very particular to fill all Blanks.

^{*} If a Married Woman or Widow. (L.) Indian. If of other Races, specify what.

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and I laced in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-tive dollars.

PHYSICIAN'S CERTIFICATE.

ame of Deceased,* ate and Place of Death, -I certify that the above is tryle, to fle best of my knowledge and Plie; Date of Certificate, July 31. *Or Sex of Infant (not named)

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the forfeit ten dollars to the use of the town in which he resides." facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

DEATH. OF RETURN

To the Clerk of the Town in which the Death occurred.

July 25 ", 1885-	Hohmy Burn	1	male	Myle	Months, —— Thays,	16.7			mallen mus	& d. Jame Huiting		matter Bolon		Carrio Brown		By an man	of enfoury defeared -	my ree your		Williams on Ship 26 18x
1. Date of Death	2. Name,	(Maiden Name).*	3. Sex, and whether single, Married, or Widowed,	4. Color, †	5. Age,	(Disease or Cause of Death,	6. Duration of Sickness, .	(By whom certified,	7. Residence,	8. Place of Death,	9. Occupation	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father.	14. Birthplace of Mother,	15. Place of Interment	Signature of Undertaker	the Return,	DATED at Shilling

[Be very particular to fill all Blanks.]

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.... on

^{*} If a Married Woman or Widow, † If other than White. (M.) Mulatto. (L.) Indian. Mofother Races, specify what.

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-live dollars.

PHYSICIAN'S CERTIFICATE.

ame and Residence of Certifying Physician Nr. J. M. Deles, Ho lessing the Merbury

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

"Sect. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

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1. Date of Death	2. Name	3. Sex, and whether single, Married, or Widowed,	i. ('olor, †	5. Age	6. Duration of Sickness, .	(By whom certified,	7. Residence	8. Place of Death,	9. Occupation.	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father.	14. Birthplace of Mother	15. Place of Interment	Signature of Undertaker or other person making	Dated at Cheen

^{*} If a Married Woman op Widow.

* If a Married Woman op Widow. (I.) Indian. If of other Ruces, specify what,

[[]Be very particular to fill all Blanks.

[Public Statutes, Chap. 32, Sect. 5.]

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PHYSICIAN'S CERTIFICATE.

Name of Deceased,*

Name o

I certify that the above is truef to the fest of all knowledge and belief. Do the formy ame and Residence of Certifying Physician, D. C. T. Wills, 40 Session for Musica

Date of Certificate, July

8 5.

*Or Sex of Infant (not named).

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

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DEATH. OF RETURN

To the Clerk of the Town in which the Death occurred.

Date of Death.

Hostona Least		Janale,		Actions, Months, Days,		Complement of the complement o	to H anderson	I disere finding		(Freshire	0, 1, 10	sheeth deall			Cash mar	J. Styl	on Jul 26 1885.	(I.) Indian. If of other Races, specify what.	[Be very particular to fill all Blanks.]
2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed,	4. Color, †	5. Age,	6. Duration of Sickness,	(By whom certified,	7. Residence,	s. Place of Death,	9. Occupation.	10. Place of Birth,	11. Name of Father	12. Name of Mother,	13. Birthplace of Father, .	14. Birthplace of Mother, .	15. Place of Interment,	Signature of Undertaker on other person making the Return,	DATED at Wilhel	* If a Married Woman or Widow. † If other than White. (M.) Mulatto.	[Be very

[Public Statutes, Chap. 32. Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clera or 10, strar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-live dollars.

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I certify that the apprope is trul, to the Vest

*Or Sex of Infant (not named).

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

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Z. Name,	3. Sex, and whether single, Married, or Widowed,	4. Color, †	5. Age,	6. Disease or Fust or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father	14. Birthplace of Mother,	15. Place of Interment,	Signature of Undertaker	or other person making	the Return,)	DATED at.	

* If a Married Woman or Widow, † If other than white, (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what,

[Be very particular to fill all Blanks.]

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

te and Place of Death, died as Minister Alexander of Land, It rease or Cause of Death, of I he; sale Let Let Couration of Sickness I certify that the above is true, to the best of my knowledge and belief. e and Residence of Certifying Physician 12, f. Sold Ce * Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been burial or removing the body. This certificate shall give such certificate or burial permit until the Certificate of the Cause returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause returned and recorded in the local registrar

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board certificate of the Cause of Death, to the best Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

A DEATH. RETURN

To the Clerk of the Town in which the Death occurred.

Jul. 27 11:		, , , , , , , , , , , , , , , , , , , ,	£,		Years, & Mouths, / & Days	Lawrit						A PT	~ a							
1. Dute of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother	15. Place of Interment,	0)	or other person making	the teeturn,

188 7.

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DATED at.

[†] If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what, [Be very particular to fill all Blanks.] * If a Married Woman or Widow.

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Disease or Cause of Death, -

I certify that the appear is truff to the Date of Certificate, July 3%.

*Or Sex of Infant (not named)

Name of Deceased,* -

Date and Place of Death,

- "SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."
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DEATH A OF RETURN

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July 28 1833	(10) mile server perso	Malo	Mula	Years, Months, Days.	Les de la company de la compan			(Con my) " same	Sil Aline mulity		My buy man	1 + 1	wassell of or			Je. i. Make		
1. Date of Death,	2. Name,	(Maiden Name),* 3. Sex. and whether single,	Married, or Widowed,	5. Age	(Disease or Cause of Death,	6. Duration of Sickness,	(By whom certified,	7. Residence,	8. Place of Death,	9. Occupation	.0. Place of Birth,	1. Name of Father,	2. Name of Mother,	3. Birthplace of Father, .	4. Birthplace of Mother,	5. Place of Interment,	Signature of Undertaker	the Return,

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'Ha Married Woman or Widow. (L.) Indian. If of other Raees, specify what,

fBe very particular to fill all Blanks.1

[Public Statutes, Chap. 32, Sect. 5.]

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Vame of Deceased,* Date and Place of Death, -Disease or Cause of Death,

I certify that the about is the to the test of my knowledge and belief.

Date of Certificate, Spiles 11

*Or Sex of Infant (not named).

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DEATH. OF RETURN

which the Death occurred. the Clerk of the Town in To

July 20 11.	Jahms Kyan-		myle.	white	O. Years, & Months, Days.	Mariora.	Junks -	B. J. F. Peter.	Laston.	Thistoop, Mass.	,	Parton 3	John Byay.	man fram	Culan K	:	malden, Meto.	Chamer Hoyol	
1. Date of Death,	2. Name,	(Maiden Name),*.	3. Sex. and whether single, Married, or Widowed,	1. Color. †	ŏ. Age,	(Disease or Cause of Death,	6. Duration of Sickness,	(By whom certified,	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father	12. Name of Mother,	13. Birthplace of Father, .	11. Birthplace of Mother,	5. Place of Interment,	Signature of Undertaler	Deren of Comments

If a Marricol Woman or Widow. (I.) Indian. If of other Maces, specify what,

Be very particular to fill all Blanks.

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PHYSICIAN'S CERTIFICATE.

Pate and Place of Death, died at Thinkhook, Mass. July 30 1885.

Visease or Cause of Death, of Wiarchora, Duration of Sickness Twike.

une and Residence of Certifying Physicial, VIII. I the file of the first off my knowledge and belief. I journ, I

Date of Certificate, July 31. 1885.

*Or Sex of Infant (not named).

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A DEATH. 日〇日 RETURN

To the Clerk of the Town in which the Death occurred.

Thancis & M. Inely,	Legenda.	o Years, Months, Days.	Kianhora.	So. J. a. Men. 33, Out St. Forth.	Hundrigh Man.	Boston men	Tate my auly.	Mora Leotia. I A. Johns. Wew Throughous		Junea Hare	to . on Mug. 1. 18 55.	* If a Married Woman or Widow.
1. Date of Death,	3. Sex, and whether single, Married, or Widowed,	4. Color, †	(Disease or Cause of Death, 6. Duration of Sickness, .	(By whom certified,	s. Place of Death, 9. Occupation,		11. Name of Father,12. Name of Mother,	13. Birthplace of Father,14. Birthplace of Mother,	15. Place of Interment,.	Signature of Undertaker or other person making the Return,	DATED AT MILL THIS	* If a Married Woman or Widow.

[Public Statutes, Chap. 32, Sect. 5.]

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PHYSICIAN'S CERTIFICATE.

me of Deceased,* - - Francis E. M. auley
to and Place of Death, - died at Trinthrop Mass-July 31, 1885.
case or Cause of Death, - of Wiarrhora Duration of Sickness 4 whee.

I certify that the about is trift, to the best of my knowledge and belief.

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Date of Certificate, Mynish 1 - 1885

*Or Sex of Infant (not named)

- "SECI. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall
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DEATH TO THE CITY REGISTRAR. RETURN OF

CHTY HALL, BOSTON. Town Clerk

Color, + 1885 .. days. Date of Death, Oavah John ofter Color, 188

Name, Street and No. S Bay The Smille Sex, C. Single, Wife of Lhavles Chr Came Widowof Mores Duration, Duration, meland W Susan Date of Interment or removal, Undertaker or Informant, Birthplace of Father,* Birthplace of Mother,* Death Secondary, Cause of Primary, Place of Interment, Name of Mother, Name of Father, Occupation, Birthplace*

+State whether white or black.

No 251 Tremont

Undertaker.

*Insert Town and State.

Eoston Mass

Smith,

Berjamin. F.

.

20

Winthrop Benn, August 1" 1885 This Certifics, That Caraly chainston died on the dry of Chuz 1885, aged 5 5 years, months, days. CAUSE OF Primary, Dysentery Duration 3 days DEATH. Secondary. Duration Denjamin, F. Smith, Undertaker. No 251 Transon St. S. 142 Trugus, Physician. lester Miss inwhin



DEATH A OF RETURN

the Death occurred. which in Town the JO To the Clerk

Cuy4. 1. 1860 - 0	Charles I rampion		mak.	While	O Years, // Months. / J Days.		of depoly 3	Dr. J. c. M. Jotter.	Thythisp. Mare-	Thumas	1	Cambridge, Mall.	Edw. (Lamphon.	Chrisi Lampion.	The du tene, Promes	Combidge, Mea. It Suebea	highery and the	Dely one my my mind		on Character 1855
1. Date of Death,	2. Name,	(Maiden Name).*	3. Sex. and whether single. Married. or Widowed,	4. ('olor, †	5. Age.	(Disease or Cause of Death,	6. Duration of Sickness, .	(By whom certified,	7. Residence,	8. Place of Death,	9. Occupation	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father.	14. Birthplace of Mother.	15. Place of Interment	Signature of Undertaker	the Return,	DATED at / HALLANT

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Raees, specify what.

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician. if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five

PHYSICIAN'S CERTIFICATE.

Tame of Deceased,* Pate and Place of Death, Disease or Cause of Death, I certify that the above is true, to the best of my knowledge and belief. one and Residence of Certifying Physician, *Or Sex of Infant (not named).

- "SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."
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DEATH RETURN

NOTE

Death occurred. Town in which the the Clerk of To the

	(leona a. Luci	•	ther single.	5/1/16	Nouths, 2 Days.		condary (if any)	By whom certified	in church	", Sunday Study			m Churace "1 10 icher				neut,		
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single. Married, or Widowed.	. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By	7. Residence, .	8. Place of Death,	9. Occupation, .	0. Place of Birth,	Name of Father,	2. Name of Mother,	3. Birthplace of Father,	4. Birthplace of Mother.	5. Place of Interment,	Signature of Undertaker	the Return, .

00 6 10. 12. 13 14. 15.

DATED AT 11611

188 1,

), on 6 616,

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. † If other than White. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, 'pecify whát.

Jack in the

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, Before the interment.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must forthwith give notice thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

No

DEATH. ¥ RETURN OF

To the Clerk of the Town in which the Death occurred.

6 11 in 01 my	Denj. C. Toud.		Cale Juigle	I hada	2 / Years, Mouths, Days.				fulling ()	1) Junio St. O. huay	Anchitect 1	Borlow flaw.	Leong & Off	11 land "	Helland How	Mari		M. Bonn	an Then the the
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single. Married, or Widowed,	4. Color, †	5. Age,	6. Disease or First or Primary	Cause of Secondary (if any)	Death, By whom certified	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother,	15. Place of Interment,	Signature of Undertaker or other person making the Return,	DATED at True

Luk to on on

1885

^{*} If a Married Woman or Wislow, † If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what, [Eovery particular to fill all Blanks.]

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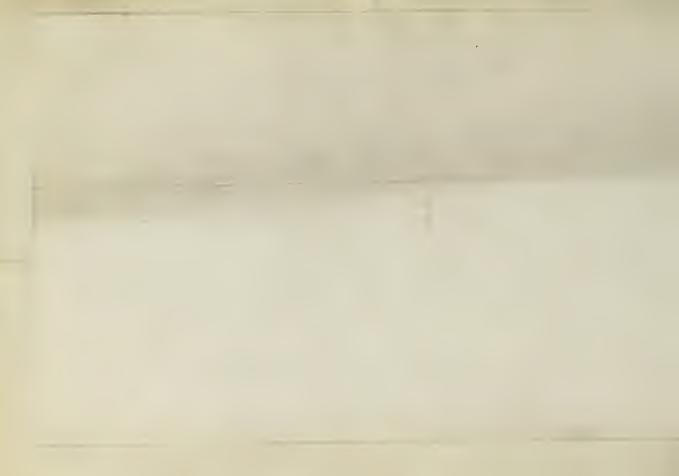
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Writhrop August 15 th 1885. died on the 15 th day of Hug. 1883, aged 27 years, months. days.

DEATH. Secondary, Typhoid Fever Duration 6 days

Samuel H. Angin Physician.



DEATH

occurred. Town in which the Death To the Clerk of the

	Jan 1 1 1 1	<i>x</i>			Years, Months, Months,)) V C	7							F. Carlotte	· · · · · · · · · · · · · · · · · · ·		~	
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex, and whether single, Married, or Widowed,	4. Color, †	5. Age,	6. Disease or First on Primary	Cause of Secondary (if any)	Death, By whom certified.	7. Residence,	8. Place of Death,	9. Occupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father,	14. Birthplace of Mother	15. Place of Interment,	Signature of Undertaker or other person making the Return,	

DATED at.

, on

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e of Deceased,*	district the second sec	
	died at Million of the state of	187 8,
ase or Cause of Death, -	of It's ex (CC. Duration of Sickness	
	that the above is true, to the best of my knowledge and belief.	
* Or Sex of Infant (not named).	Date of Certificate,	187 .

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of person—forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registra of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, up proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Caus Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Boa Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the behis knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

DEATH. -HO REIORN

To the Clerk of the Town in which the Death occurred.

- Date of Death.
- Name,
- Sex, and whether single. (Maiden Name)
 - Married, or Widowed.

('olor. +

- 5. Age.
- Disease or Cause of Death, Duration of Sickness,
 - By whom certified,
- 7. Residence.
- 8. Place of Death,
- Place of Birth, Occupation. ≘
- Name of Father.
- Name of Mother,
- Birthplace of Mother, 14.

Birthplace of Father

Place of Interment. 15. Signature of Undertaker

DATED at

* If a Married Woman or Widow.

If other than White. (M.) Mulatto. (I.) Indian. If of ou

(Be very particular to fill all Blanks.)

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the channel of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-in-

to and Place of Death, died at Whinthrop. Mass. Cheg. 24 1883.

-ase or Cause of Death, of he have is true, to pic best of my knowledge and peticle.

and Residence of Certifying Physician, Nr. J. A. Potter, 40 Versie St. Roofbury.

Date of Certificate, Aug. 24. 1886

^{*}Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

- "Sect. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."
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Days. To the Clerk of the Town in which the Death occurred. ULALIL 011 INTO THAT Sex, and whether single. Married, or Widowed, person making Disease or Cause of Death, Signature of Undertaller Duration of Sickness, Birthplace of Mother, Birthplace of Father. (Maiden Name).* Place of Interment. By whom certified, Name of Mother, Name of Father, Date of Death. Place of Death, Place of Birth, 9. Occupation. the Return, 7. Residence, or other Name, Color. + Age. DATED at žG. 10. 6. 11. 7 13. + 5.

* If a Married Woman or Widow.

(I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

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RELUKN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

May 26. 1860.	I tauth laylor.		Serval.	While	Pears, Months o Days.	Motera Sufantion	A Hy Says-	Marie & Coltan.	To Green A Charleton	Minitage, Mass		Coi		Colla 10 Juylor -					18.
1. Date of Death	2. Name	(Maiden Name).*	3. Sex, and whether single. Married, or Widowed.	4. Color, †	5. Age.	Disease or Cause of Death,	6. Duration of Sickness,	(By whom certified,	7. Residence	8. Place of Death,	9. Occupation.	0. Place of Birth,	1. Name of Father.	2. Name of Mother,	13. Birthplace of Father	4. Birthplace of Mother	5. Place of Interment	Signature of Undertaker or of the years making the Reimn,	The state of the s

^{*} If a Married Woman or Widow. + If other Tauces, specify what. + If other than White. (M.) Mulatto. (I.) Indian. If of other Tauces, specify what.

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ame of Deceased,* . . . Edich author.

the and Place of Death, died at Minthyoft . Ang , 21

sease or Cause of Death, of Cholen on funtamoration of Sickness

Death, of Chillen of Sickness & Mikes.

1 certify that the appre is type, the post of my knowledge field belief. If the certifying Physician, Nr. J. A. Willes to Usun H. Wolbury, Made

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*Or Sex of Infant (not named).

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

very particular to fill all Blanks.]

	Infant daughter of Clear R Caswell of Micester
ate and Place of Death,	Warithur Left 1 18 02.
isease, { First or Primary, Cause }	Duration of,*
Death Secondary,	Duration of,
Psemolur frita at	- Tomontho. I west about I haves Died from infinger, clarine of the Pailochian
I certify that the	te above is a true Return, to the best of my recollection and belief.
ve, Professional Title, and Residence,	Les & Mc Certin MS Worthung Mins
	Dated at Mithing Pot 1 1883.

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—forthwith Intraish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[Extract from Chapter 21 of the General Statutes, 1859.]

The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

Physicians may obtain Blank Certificates from the Town Clerk or Registrar.

Copies of the Statistical Nosology, adopted for the purposes of Registration, may be obtained on application to the Secretary of the Commonwealth.

DEATH. A OF RETURN

To the Clerk of the Town in which the Death occurred.

					Years, Months, Days.														:
1. Date of Death,	2. Name,	(Maiden Name),*	3. Sex. and whether single, Married, or Widowed,	4. Color, †		(Disease or Cause of Death,	S. Duration of Sickness,	(By whom certified,	7. Residence,	8. Place of Death,	9. Occupation,	0. Place of Birth,	1. Name of Father,	2. Name of Mother,	3. Birthplace of Father, .	4. Birthplace of Mother,	5. Place of Interment,	Signature of Undertaker on other person making the Return,	

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on .

DATED at

^{*} If a Married Woman or Widow, † If other than White. (M.) Malatte. (I.) helian. If of other Races, specify what.

[Public Statutes. Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the farequired by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, a placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairn of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of de to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon appl tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot good and sufficient reasons be early enough obtaine l. In case of death by violence, the medical examiner attending shall furnish c requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty je dollars.

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the and Place of Death, died at A in the of 1 sease or Cause of Death, - of Duration of Sickness I certify that the above is true, to the best of my knowledge and belief. M. J. Inell' e and Residence of Certifying Physician, Date of Certificate,

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

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DEATH A RETURN OF

To the Clerk of the Town in which the Death occurred.

	single,	Years, Months.	Death,			her.	ther,	naking
Date of Death	(Maiden Name),* Sex, and whether single, Married, or Widowed.	Color, †	Disease or Cause of Death, Duration of Sickness,	By whom certified, Residence	Occupation, Place of Birth,	Name of Mother, Birthplace of Father	Birthplace of Mother Place of Interment	Signature of Undertaker or other person naking the Return

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[Be very particular to fill all Blanks.]

Dated at

^{*} If a Married Woman or Widow. Tf other Races, specify what, tff other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

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Date of Certificate,

ne of Deceased,* - - - " (18 and Place of Death, died at 124/ of Suf. 17 ase or Cause of Death, of the he the senteries Duration of Sickness I certify that the above is true, to the best of my knowledge and belief.

1885.

[Extracts from Chapter 32 of the Public Statutes.]

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DEATH RETURN

To the Clerk of the Town in which the Death occurred.

All Con un- 22" 1816	Source Jours		Il addin	Time	J. Years, / J. Months, / Days.				Montail of ice	Lucia Kin		A Marine	Christ J. Fire	Hilling in alm	The west with war	// " t i // 14.	*/	Sumer From	DATED at Trillburg on J' Kel 23 1886
1. Date of Death	2. Name,	(Maiden Name).*.	3. Sex. and whether single. Married, or Widowed,	4. Color, †	ő. Аgе,	(Disease or Cause of Death,	6. Duration of Sickness, .	(By whom certified,	7. Residence,	8. Place of Death,	9. Oecupation,	10. Place of Birth,	11. Name of Father,	12. Name of Mother,	13. Birthplace of Father, .	14. Birthplace of Mother,	15. Place of Interment	Signature of Undertaker or other present making the Return,	DATED at 2 Lilling

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. \dagger If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

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ate and Place of Death, died at Androf Sickness 6. K. 1885.

I certify that the above is true, to the best of my knowledge and belief.

ne and Residence of Certifying Physician,

Date of Certificate,

1889

*Or Sex of Infant (not named)

[Extracts from Chapter 32 of the Public Statutes.]

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DEATH. A 0 平 RETURN

To the Clerk of the Town in which the Death occurred.

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Lemin On Exercit		24 Years, Months, 7 Days.		A letter of grande	Comment of the service of the servic	Seatter the de		on
1. Date of Death, 2. Name,	S. Sex, and whether single, Married, or Widowed, Color, †	5. Age,	(By whom certified,	9. Occupation,	11. Name of Father.12. Name of Mother,	13. Birthplace of Father,14. Birthplace of Mother,	15. Place of Interment, Signature of Undertaker or ther person making the Return,	Dated at

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (L.) Indian. If of other Raees, specify what.

[Public Statutes, Chap. 32, Sect. 5.]

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PHYSICIAN'S CERTIFICATE.

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I certify that the above is true, to the best of my knowledge and belief.

one and Residence of Cortifeing Physician, Frank & Noine 1150. 11 interior. Phase.

Date of Certificate, Greiorge 6th

^{*}Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

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ATH. 日田口 A 日日 RETURN

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Date of Death	me, · · ·	(Maiden Name).*. Sex, and whether single Married, or Widowed,	Color, † · · ·	Age	6. Duration of Sickness,	By whom certified,	7. Residence,	8. Place of Death, .	9. Occupation	10. Place of Birth.	11. Name of Father.	12. Name of Mother,	13. Birthplace of Father	14. Birthplace of Mother,	Place of Interment,	Signature of Undertaker on other person making the Return,
1. Dat	2. Name.	S. Sex	4. Cole	5. Age.	6.2Dur	(By	7. Res	8. Pla	9. Occ	10. Pla	11. Na	12. Nau	13. Birt	14. Bir	15. Pla	Sig

DATED at

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Survey of Survey of

PHYSICIAN'S CERTIFICATE.

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